

A STUDY ON YONISOOLAI

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INTRODUCTION

The Siddha system of medicine is the most holistic medical system in the world. It is the mother of all healing arts in our planet and it predates all other healing systems as per the evidence found in ancient Tamil literatures.

The holistic system was systemically developed by the great “Siddhars”. Siddhar means the word from siddhi, which means fulfillment, achievement and consciousness.

The core theme of siddha system is that it is the nature or energy which heals a sick. The Siddha medical science comprising of branches of specialities such as philosophy, Yoga, Tendra, Astronomy; Astrology etc.

The World Health Organization (W.H.O.) defines health a “State of complete physical mental and social well being and not merely the absence of disease.” The doctrine was already proclaimed even before the prehistoric period by the unique system of siddha medicine. Thus this is the first system to emphasize health as perfect state of physical, psychological, social, and spiritual component of a human being. This explanation is quoted in “Thirumanthiram” which is work by saint Thirumoolar as follows.

“மறுப்பதுடல் நோய் மருந்தென லாகும்
மறுப்பதுள நோய் மருந்தெனச் சாலும்
மறுப்பதினி நோய் லாராதிருக்க
மறுப்பது சாவை மருந்தென லாமே”

- திருமந்திரம்

The Siddha system of medicine is based on the “Mukkuta” theory according to which the human system is mediated by three ‘thathus’. The functional units of living beings namely Vali, Azhal, Iyam, which are formed from the five natural elements namely Prithvi, Appu, Theyu, Vayu, and Aakayam are known as “Phanchaboothas”.

The three vital humours and phanchaboothas form the connecting link, between the microcosm of man and macrocosm of universe which is explained as.

“அண்டத்தி லுள்ளதே பிண்டம்
பிண்டத்தி லுள்ளதே அண்டம்
அண்டமும் பிண்டமு மொன்றே
அறிந்து தான் பர்க்கும் போதே”.

- சட்டமுனி ஞானம்

For a healthy individuals, the vital humours should be in a normal ratio, i.e, Vali, Azhal, Iyam 1:1/2:1/4 Any alteration in this ratio which is derangement of either external or internal factors result in a disease. It is quoted in Thirukkural as,

“மிகினும் குறையினும் நோய்செய்யும் நூலோர்
வளி முதலா எண்ணிய முன்று”

- திருக்குறள்

Disease is developed from the alternation of the vital humours and is classified into 4448 as per Siddha physician, Yugis theory.

Coming to the examination and investigation for the diagnosis of a disease, application of pulse reading, body as a whole, tongue, external appearance of the patient, voice, eye, excreta, urine which are collectively known as “Ennvagaithervugal.”

It also include on the principles of urine analysis which is called as “Neerkkuri” and Neikkuri” for confirming the diagnosis and to know the fate of the diseases.

It is described as

“மெய்க்குறி நிறந்தொனி விழி நா விருமலம் கைக் குறி”

- தேரையர்

The author has taken the disease “Yonisoolai” in which the females mostly affected the menstrual disorders associated with body pain. So the author has selected the disease for her dissertation study.

SIDDHA PHYSIOLOGY

Physiology is a branch of medical science which deals with the functions of the human body. Udal thathuvam is an important aspect of siddha science.

The following components are the basis of Udal thathuvam. Which are responsible for the normal functioning of the human beings. These are,

96 Thathuvas	-	Fundamental Elements
7 Udal Kattuakal	-	Somatic Components
6 Suvaigal	-	Tastes
4 Udal Thee	-	Body Fires
3 Udal Vanmai	-	Physique
6 Paruvakalam	-	Atmosphere
5 Thinai	-	Living Land

1. Pancha bootham – Five elements

Earth	-	all organic living bodies organic substances are created
Water	-	It combines all the things
Air	-	It spreads all over the space
Fire	-	It gives colour and brightness to the things
Space	-	It gives space to all other boothams

2. Gananenthirium or Pori: - Five Sense organs

1. Ear
2. Skin
3. Eye
4. Tongue
5. Nose

3. Pulan: - Functions of Five Sense organs

1. Hearing
2. Touch sense
3. Vision
4. Taste
5. Smell

4. Kanmaenthiriam – Five Motor organs

- | | | |
|------------|---|-----------------|
| Mouth | - | Stands as Space |
| Hand | - | Stands as Air |
| Leg | - | Stands as Fire |
| Anus | - | Stands as Water |
| Sex organs | - | Stands as Earth |

5. Kanmavidayangal: - Functions of Five Motor organs

1. Speech
2. Flexion and extension of upper limbs
3. Flexion and extension of lower limbs
4. Defecation
5. Ejaculation of semen and propolusion of ova

6. Antha karanas: - Four Intellectual Faculties

- | | | |
|--------------|---|--|
| 1. Manam | – | Mind or the reasoning faculty |
| 2. Puththi | – | Knowledge or power of discomment |
| 3. Siddham | – | Determination or firm conviction |
| 4. Agangaram | – | Achivement or conception of
individuality |

7. Arivu: Intellect or Wisdom

8. Nadies:

There are ten channels

1. Idakalai
2. Pinkalai
3. Suzhumunai
4. Siguvai
5. Purudan
6. Kanthari
7. Aththi
8. Alampudai
9. Sankuni – Present in external genetalia
10. Gugu – Present in anus

9. Vayu: - 10 Vital Airforces

1. Uyirkkaal (Praanan)
2. Keelnokkukkaal (Abaanan)
3. Nadukkaal (Samaanan)
4. Melnokkukkaal (Udhanan)
5. Paravukkaal (Viyaanan)
6. Vaanthikkaal (Naahan)
7. Vizhikkaal (Koorman)
8. Thummikkaal (Kirukaran)
9. Kottavikkaal (Devathathan)
10. Veengukkaal (Dhananjeyan)

10. Aasayam - Five Visceral Cavities

Amarvaasayam	-	Stomach
Pahirvaasayam	-	Liver small intestine
Malavaasayam	-	Rectum, large intestine
Salavaasyam	-	Urinary bladder
Sukkilavaasayam	-	Seminal Vescicle and ovary

11. Kosam: - Five Vestures of the Soul

1. Annamaya Kosam - Made up of seven Udal thathukkal
2. Piranamaya Kosam - Conjunction of Praanan and Kanmenthiriyam
3. Manomaya Kisam - Conjunction of Manam and Gnanenthiriyam
4. Vinganamaya Kosam - Conjunction of Puthi and Gnanenthiriyam
5. Anandhamayakosam - Conjunction of Praanan and Suzhuthi

12. Aatharam:

1. Moolatharam - Praanan arise from here. It lies between anus and genetalia as kundalini vital force.
2. Swathitanam - It lies 2 virarkadai above moolatharam. It is the place of earth.
3. Manipooragam - It lies 8 virarkadai above Swathianam. It is the place of water.
4. Anagatham - It lies 10 virarkadai above Manipooragam. It is the place of fire.
5. Vishuthi - It lies 10 virarkadai above Anaagatham. It is the place of air.
6. Aakkinai - It lies between the two eye brows. It is the place of space. It lies 12 virarkadai above the Vishuthi.

13. Mandalam:

Three mandalams (regions)

1. Gnayiru (sun) solar plexus
2. Thingal (moon) lunar plexus
3. Thee (fire)

14. Malam: - Three Mental Binders

1. Aaavam
2. Maayai
3. Kanmam

15. Thosam (Three humours)

The three humors are the fundamental principles and essential factors in the composition and constitution of the human body. The three humors Vali Azhal and Iyam are represented wind, bile and phlegm respectively.

Relation between Boothas and Mukkutram

Vali	-	Air
Azhal	-	Fire
Iyam	-	Water

Formation of the three humours

“வந்த கலை மூன்றில் வாயும பானனுடன்

தந்த பிராணன் சமனனும் - சந்தமுறக்

கூட்டுறவு ரேசித்தால் கூறும் வாதம் பித்தம்

நாட்டுங் கபமேயாம் நாடு”

- கண்ணுசாமியம்

Vali - Idakalai + Abanan

Azhal - Pinkalai + Piranan

Iyam - Suzhumunai + Samanan

“வாதமாய் படைத்து

பித்த வன்னியாய் காத்து

சேத்தும் சீதமாய் துடைத்து”

- தேரையர்

Vali - Creation

Azhal - Protection

Iyam - Destruction

“மெய்யளவு வாதமொன்று

மேல்பித்தம் மேராரையாம்

ஐயங்காலென்றே அறி”

- கண்ணுசாமியம்

The level of thathus is felt by the pulse rate. The ratio between
thathus is 1:1/2 :1/4

Vali - 1

Azhal - 1/2

Iyam - 1/4

It is cleared by

“வழங்கிய வாதம் மாத்திரை யொன்றாகில்
தழுங்கிய பித்தந் தன்னி லரைவாசி
அழங்குங் கபந் துடைங்கியே கரலோடில்
பிறங்கிய சீவர்க்குப் பிசுகொன்று மில்லையே”

- குணவாகடநாடி

Table No - 1

Three humors, location and part of the body.

Vali	Azhal	Iyam
Lower part of the body	Middle part of the body	Upper part of the body
Abaanan	Pinkalai	Samanavayu
Kaamaklodi	Piraanavayu	Suzhumunai
Hip region	Moolakini	Venner
Bones	Urinary baladder	Aakkinai
Muscles	Heart	Uvula
Nerves	Head	Fat
Joints	Umbilicus	Bone Marrow
Skin	Stomach	Blood
Hair Follicle	Sweat	Nose
Stools	Saliva	Chest
Unthiyinkeezh moolam	Sacrum Eye Skin	Nerves Large intestine Eyes joints

Table No - 2

Functions:

Vali	Azhal	Iyam
Respiration	Acidity	Strength to Bone and Joints
Living briskness	Burning sensation	Give lusture to the body
Function of body	Yellowish dis- Colouration of eye skin urine etc	Makes strengthens
Regulation of 14 vegankal	Profuse sweating	Patience
Protection and Strengthen of five sensory	Dizziness	Immunity

Table No - 3

Types

Vali	Azhal	Iyam
Praanan	-	-
Abaanan	-	-
Viyaanan	Anarpitham	Avalambakam
Udhanan	Ranjakam	Kilaedhagam
Samanam	Saadhagam	Bothagam
Nagan	Alsosagam	Tharpagam
Koorman	Pirasakam	Sandhigam
Kirukaran	-	-
Devathatan	-	-
Tananjeyan	-	-

16. Eadani: - Three Physical Bindings

1. Porul patru - Material bindings
2. Puthlvar patru - Off springs bindings
3. Ulaga patru - World bindings

17. Gunam: - Cosmic Qualities

- 1.Sathuva Gunam
- 2.Rasathuva Gunam
- 3.Thamasa Gunam

18. Vinai: -2 Deeds

- | | | |
|---------------|---|------------|
| 1. Nalvinai | - | Good deeds |
| 2. Thee vinai | - | Bad deeds |

19. Ragam -8 Passions:

- | | | |
|----------------|---|-------------------|
| 1. Kaamam | - | Desire |
| 2. Krotham | - | Hatred |
| 3. Lopam | - | Stingly |
| 4. Moham | - | Lust |
| 5. Matham | - | Pride |
| 6. Maarcharyam | - | Internal conflict |
| 7. Idumbai | - | Mockery |
| 8. Agankaram | - | Ego or self love |

20. Avathai: -5 States of Consiousness

- | | | |
|--------------|---|------------------|
| Ninaivu | - | Walkefulness |
| Kanavu | - | Dream |
| Urakam | - | Sleep |
| Perurakkam | - | Stupor |
| Uyirpadakkam | - | State of Samathy |

21. Seven Constituent Elements – Seven Udal Thathukal

Seven Udal thathukal are responsible for the entire structure of the body

“இரசம் உதிரம் இறைச்சி தேரல் மேதை
மருவிய வத்தி வரூம் பெரு மச்சை
பரவிய சுக்கிலம் பரூரம் உபரதி
உருபம் லாணுடல் ஒன்றெனலாமே”

- திருமந்திரம் 2080

1. Saram	-	Chyle
2. Chenneer	-	Blood
3. Oon	-	Muscle
4. Kozhuppu	-	Fat
5. Enbu	-	Bone
6. Moolai	-	Bonemarrow
7. Sukkilam/suronitham	-	Sperm/ovum

The thatus maintain the function of different organs systems, and vital parts of the body. They play a very important role in the development and nourishment of the body.

The thatus are also part of the Biological protective mechanism with the help of agni, they are responsible for the immune mechanism. When one thathu is defective it affects the successive thathu. Each thatthu receives its nourishment from the previous thathu.

22. Vehangals -14 (Urges/Reflexes)

➤ Vatham	:	Flatus
➤ Thummal	:	Sneezing
➤ Siruneer	:	Urine
➤ Malam	:	Faeces
➤ Kottavi	:	Yawning
➤ Pasi	:	Hungry
➤ Neer Vetgai	:	Thirst
➤ Kasam	:	Cough
➤ Elaippu	:	Exhaustiveness
➤ Nithirai	:	Sleep
➤ Vaanthi	:	Vomiting
➤ Kanneer	:	Tears
➤ Sukkilam/Suronitham	:	Semen / Ovum
➤ Suvasam.	:	Breathing

23. Suvaigal -6 Tastes

Suvai is the peculiar sensation caused by the contact of soluble substances with the Tongue. The sense is affected by the tongue. The gustatory and other nerves are the digestive centre.

Combination of 2 bootha Constitute a Suvai .

“மண்ணுடனே புனல்தீக்கால் முறையாகச் சேர்ந்திட்டால் வருமே இனிப்பு
திண்ணமில்லம் துவர்ப்பிரசம் சதாகதியோ டாக்தீயின் திடம முறைப்பும்
எண்ணிய கசப்புமுண்டாந் தண்ணீரில் கனலிணைப்பாலெழும -முவர்ப்பு
உண்ணிய அறுகவையின் பிறப்பிதெனும் குருசிதருரைத்த மறையே.”

- மருத்துவத் தனிப்பாடல்கள்.

Suvai	Combination of Bootham			
Inippu	-	Mann	+	Neer
Pulippu	-	Mann	+	Thee
Uppu	-	Neer	+	Thee
Kaippu	-	Vali	+	Vinn
Karppu	-	Vali	+	Thee
Thuvarppu	-	Mann	+	Vali

24. Udal akkini -4- Body fire

Samanakini	-	Usual routine activities of Samana vayu are called Samakkini. It is concerned with proper digestion of food
Mandhakini	-	It delays digestion of food stuffs, ingested with satiety favours, blenching, flatulence, gurgling and distension of abdomen.
Deekshanakini	-	It facilitates digestion of improperly cooked foods, ingested by individual
Vishamakini	-	It delays digestion of food stuffs, ingested with satiety, favours, blenching, flatulence, gargling and distension of abdomen.

25. Udal Vanmai – Strength and Vitality Constitute the Udal Vanmai.

1. Eyarkai Vanmai

(Innate immunity) - Inherited Vitality.

2. Kala Vanmai

(Seasonable immunity) - Vitality that is generally Found in different age periods as well as different seasons.

3. Seyarkai Vanmai

- Improvement of Vitality obtained by good habits. And physical exercises.

26. Paruvakalam

- **Atmosphere**

27. Thinai

- **Living Land**

SIDDHA PATHOLOGY

Pathology is the scientific study of structure and functions of the body in disease. It deals with causes, effects, mechanism and nature of disease.

Siddha pathology deals with the diseased condition of the human, which is due to food alterations, seasonal and environmental variations holding the 14 reflexes and by the behavior. The disease is reflected through the pulse formed by the three humours.

The whole siddha system of medicine rests on the maintenance or restoration of the equilibrium of three thathus, which coincides with the following kural.

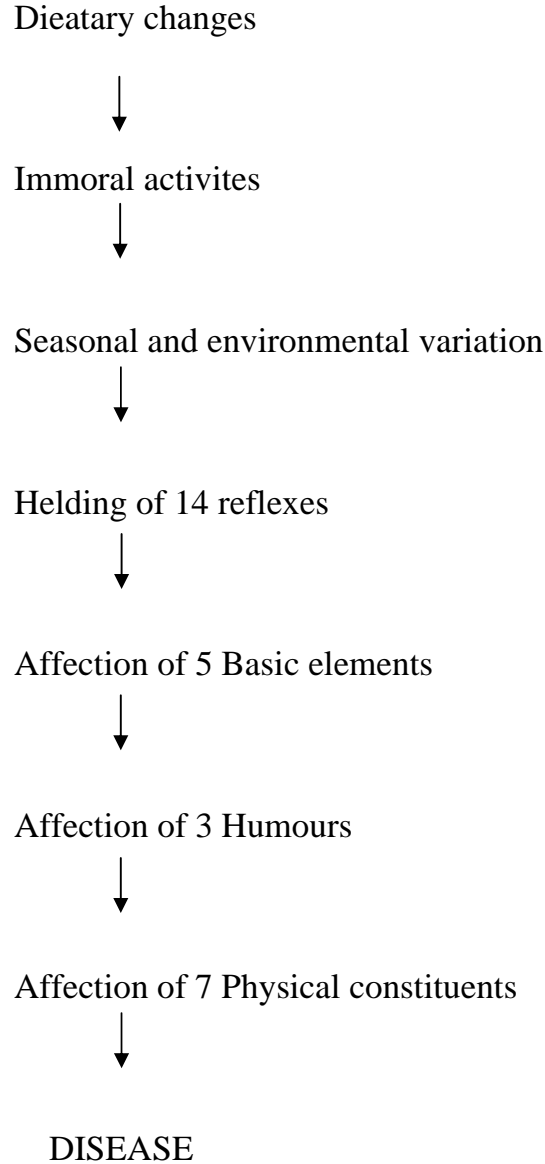
“மிகினும் குறையினும் நோய் செய்யும் நூலோர்
வளி முதலா எண்ணிய மூன்று”

- திருக்குறள்

Siddha system approaches and Analyses the disease on the basis of the Tridosha theory. The doshas or humors are vali, Azhal and Iyam. Disease is due to the disturbance in the equilibrium of the three humors. When these were perfect and harmony is said to be healthy. Imbalance and derangement in tridoshas causes disease. So the diseases are studied on the basis of tridoshas theory.

“ மதித்திடற் கருமை வாய்ந்த
மண் பரிகர மெல்லாந்
துதித்திட வுணர்ந்தானேனுந்
துகளறப் பிணியின்றன்மை
பயனு றா னாகலானே
வித்திடு பிணித் திறத்தை
விளம் புது முதற்கண் மன்னே”

- சிகிச்சாரத்ன தீபம்



“முப்பிணி மருவி முனிவு கொள் குறிப்பைத் தப்பா
தறியும் தன்மையும் வாத பித்த வையம் பிரிவையு
மவைதாம் ஏறியிறங்கி இணைந்து கலந்து மறா
மறா வரும் செயற்கையாற் பிணி நேர்மையறிந்து
நீட்டு மருந்தே சீரியதாமெனச் செப்புவர் சித்தரே”

- நோய்நாடல் நோய் முதல்நாடல் திரட்டு

Food Variations:

“உணவே மருந்து மருந்தே உணவு”

Diet plays a vital role in preserving the human body. The food is formed on the basis of 6 tastes.

“புளி துவர் விஞ்சுக்கறி யாற் பூரிக் கும்வாதம்
ஒளியுவர்கைப் பேறில் பித்துச்சீறும் - கிளிமொழியே
கார்ப் பிணிப்பு விஞ்சிற் கபம்விஞ்சு ஞ்சட்டிரதச்
சேரப் புணர் நோயணுகாதே”

Sour and Astringent causes an increase in Vali Salt and Bitter causes an increase in Azhal. While Pungent and Sweet causes an increase in Iyam.

2. Environmental Changes:

The environmental factors (Thinai) may also pave the way for the cause of disease. Thinai has been classified into 5 types.

- **Kurinji:** Iyam pertains there. Further aneamia, fever, abdominal mass may develop.
- **Mullai:** The dwellers of this land suffers Vali, Azhal Iyam disease.

- **Marutham:** The inhabitants of this region have controlled Vali, Azhal Iyam. This is the prompt place for a healthy inhabitation.
- **Neithal:** The people of this land suffer Vali disease further it leads to increased body mass, enlargement of liver and flatulence.
- **Palai:** The inhabitants of this land suffers from Vali, Azhal Iyam, diseases

Table No - 4

Thinai	Humours Affected
Kurinji Nilam	Iya Disease
Mullai Nilam	Azhal Disease
Marutha Nilam	No Disease
Neithal Nilam	Vali Disease
Palai Nilam	Mukkuttram

Table No - 5

Season	Month	Humours	
Kaarkalam	Avani – Purattasi (Aug 16 – Oct 15)	Disturbances in three humours are most prominent. Azhal is increased from its normal state. Mean while vali also increased from its normal level and spreads continually to other areas of body.	Vali ↑↑ Azhal ↑
Koothirkalam	Iypasi - Karthigai	Altered Azhal spreads to other areas of the body.	Vali → Azhal ↑↑
Munpanikalam	Markazhi – Thai (Dec 16 – Feb 15)	Three thosas are in equilibrium	Azhal →
Pinpanikalam	Masi – Panguni (Feb 16 – April 15)	Iyam is increased from its normal state	Iyam ↑
Elavenirkalam	Chithirai – Vaikasi (April 16 – Jun 15)	Altered Iyam spreads to other parts of body.	Iyam ↑↑
Muthuvenirkalam	Aani – Aadi (June 16 – Aug 15)	Iyam comes to equilibrium and vali gets aggravate.	Vali ↑ Iyam →

↑ **Thannilai Valarchi**

↑↑ **Vettrunilai Valarchi**

→ **Thannilai Adaithal**

Variations of 3 humours:

The disease is mainly caused because of the inequilibrium of one or more among the 3 humours that exist in human as **UYIR THATHUKKAL**

Table No - 6

Three Humours	Characteristic Features of Increasing	Characteristic features of Decreasing
Vali	Weakness and occasionally Blackening of the body. Desire to Intake hot diet, shivering Abdominal distention, Constipation, Diminished immunity, Insomnia Giddiness Laziness, Blabbering Generalized weakness	Stiffness, Diminished Voice, Impaired intellectual Function Disturbance in General activities. Semi Consciousness, fatigue Excessive salivation Paleness & cooling of the body. Breathlessness and cough, Excessive sleep.
Azhal	Yellowish discolouration of eyes, Faeces, urine and skin. Polyphagia, Polydypsia. Burning sensation all over the body. Decreased sleep.	Loss of appetite, coldness of the body Impaired pigmentation of the skin. Symptoms related with decreased kapham.

Iyam	Abdominal distention, salivation, Fatigue, paleness and cooling of the body, Heaviness of the body, Breathlessness and cough, Excessive sleep.	Giddiness, Subluxation of joints. Prominence of bone. Kapham present in the lungs get decreased. Excessive sweating in the Hair follicle palpitation.
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Udal Thathukkal:

When the Three humours of the human body are affected by various factors they immediately change the nature of the 7 physical constituents **Udal Thatukkal**.

Table No - 7

Udal Thathukkal (Physical constituents)	Features of Increased Thathukkal	Features of Decreased Thathukkal
Saram (Chyle)	Features related decreasing Kapham, loss of appetite	Dryness of skin Loss of weight Tiredness The function of sense Organs are diminished

Senneer (Blood)	Boils and tumors in Different parts of the body. Splénomegaly Soolai Hypertension Haematuria Redness of the eye Leprosy Jaundice	Desire for cold things Dryness, Discolouration Paleness of the skin.
Oon (Muscle)	Tomours or extra growth Around the neck, face, Abdomen thigh and genitalia	Lethargy of 5 sensory Organs, Pain in the joints Tightness of the jaw. Loss of subcutaneous Tissues
Kozhuppu (Fat)	Identical to increasing Features of oon, tiredness Dyspnea on exertion.	Spleen enlargement, Loin pain, Emaciation.
Enbu (Bone)	Ecessive ossification and dentition	Weak bone pain in the joint, Splitting of hair and nails
Moolai (Bone marrow)	Sense of heaviness over the body and eyes. Swelling of Smaller joints of hand and feet, oliguria Non-healing ulcer	Osteoporosis Blured vision.
Sukkilam/Suronitham Sperm / Ovum	Sexual activity increasing. Urinary calculi	Pain in the genitalia Accompanied inability to reproduce.

URGES (14 Vegangal)

There are 14 natural reflexes involved in the physiology of normal human beings. If it suppressed or controlled the following are resulted.

1. Vatham (Flatus)

This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain, abdominal pain, body ache, constipation, dysuria and indigestion.

2. Thummal (Sneezing)

If it is arrested, it leads to headache facial pain, low back pain and neuritic pain in the sense organs.

3. Siruneer (Urine)

If arrested, it leads to urinary retention, urethral ulcer, joint pain; pain in the penis, gas formation in abdomen predominates.

4. Malam (Faeces)

If arrested, it leads to pain in the knee joint, head ache, general weakness, flatulence and other diseases may also originate.

5. Kottavi (Yawning)

If arrested, it leads to indigestion leucorrhoea, abdominal diseases and urinary disease.

6. Pasi (Hungry)

If arrested, it leads to all organs get tired, emaciation syncope, apathetic face and joint pain.

7. Neer Vetkai (Thirst)

If arrested, it leads to all organs are affected, pain may supervene.

8. Kassam (cough)

If it is suppressed, severe cough ,bad breath and chest diseases will occur.

9. Ilaippu (Exhaustiveness)

Without rest it will leads to fainting, urinary diseases and tremour are resulted.

10. Nithirai (Sleep)

All organs will get rest only during sleep. So it should not be avoided. If disturbed it will lead to headache pain in the eyes, deafness and slurred speech.

11. Vaanthi (Vomiting)

If arrested it leads to itching and symptoms of increased pith.

12. Kanneer (Tears)

If it is suppressed, it will lead to sinusitis, headache, eye disorders and chest pain.

13. Sukkilam (Semen)

If it is suppressed, there will be joint pain, difficulty in urination fever and chest pain.

14. Swaasam (Breathing)

If it is suppressed, there will be cough, abdominal discomfort and anorexia.

Udal Vanmai:

The disease affecting an individual is also based on the Udal Vanmai. The Udal Vanmai is classified into 3 types.

1. Eyarkai Vanmai

This is based on sathuva, rajo and thamo gunas and it is the strength which is present naturally.

2. Seyarkai Vanmai

The Mukkuna based body is maintained by food habits and improving the strength by diet and medicine.

3. Kaala Vanmai:

It is based on Kalangal. The strength that is gained or lost due to seasonal variation as well as age of person.

PINIYARIMURAIMAIGAL

“நோயறிந்து நோய் முதலி நோக்கறிந்து நோயுதவு
தாயறிந்து போக்கித் தரமறிந்து - காலநிலை
நொந்தழியா வண்ண நுகர்விப்பார் - நோயினர்க்கு
தந்தையெறு நற்பண்டிதர்”

- தேரையர்

Piniyarimuraimaigal means methods of finding out the diseases.

The methods adopted in siddha system of medicine for diagnosis are.

Poriyal arithal

Pulanal arithal

Vinaathal

Poriyal arithal means diagnosing through the five organs of perception namely nose, tongue, eyes, ears and skin.

Pulanal arithal means the five object of senses namely smell, taste, vision audio and sensation of skin.

Vinaathal is a method of interrogating the problem of the patient from his own words or from attendants.

These methods including all the above is called Envagai Thervugal.

இவற்றை

“நாடி ஸ்பரிசம் நா நிறம் மொழி விழி

மலம் முத்திரமிவை மருத்துவ ராயுதம்”

“மெய்க்குறி நிறந்தொனி விழிநா விருமலம் கைக்குறி”

- தேரையர்

என்பதால் அறியலாம்.

In Agasthiyar Vaidhya Vallathi 600

“தொகுக்கலுற்ற அட்டவிதப் பரீட்சை தன்னை

துலக்கமுறும் பண்டிதரே தெளிவாகப்

பகுக்கரிய நாடியை நீ பிடித்துப் பாரு

பகர்கின்ற வார்த்தைப் பார் நாவைப் பாரு

வகுக்கரிய தேகமெனத் தொட்டுப்பாடு

வளமான சரீரத்தின் நிறத்தைப் பாரு

சகிக்கரிய மலத்தைப் பார் சலத்தைப் பாரு

சுந்நி விழிதனைப் பார்த்து தெளிவாய் காணே”

It is essential to analyse the importance and application of each of eight types of investigations to diagnose a particular disease.

ENVAGAI THERVUGAL

It is the method which helps the physican to come to a correct diagnosis. They are,

1. Naadi (Pulse)
2. Sparisam (Sense of touch)
3. Naa (Tongue)
4. Niram (Colour)

5. Mozhi (Speech)
6. Vizhi (Eye)
7. Malam (Stool)
8. Moothiram (Urine)

1. Naadi

This is a unique diagnostic method in Siddha system of medicine. It is a responsible for the existence of life. It is felt one inch below the wrist on the radial side by palpating with the tip of the index finger, middle finger and ring finger which denotes Vali, Azhal, and Iyam.

a) Suitable places for pulse reading

“தாது முறைகேள் தனித்த குதிசந்தோடு
ஓதுறு காமியமுந்தி நெடுமார்பு
காது நெடு மூக்கு கண்டம் கரம்புருவம்
பேரதுமுறுச்சி புகழ் பத்தும் பார்த்திடே”

- திருமூலர் நாடிநூல்

b) Examination of the Naadi

“கரிமுகனடியை வாழ்த்தி
கைதனில் நாடி பார்க்கில்
பெருவிரலங்குலத்தில்
பிடித்தடி நடுவே தொட்டால்
ஒருவிரலோடில் வாதம்
உயர் நடு விரலிற் பித்தம்
திருவிரல் மூன்றிலோடில்
சிலேத்தும நாடி தானே”

- அகத்தியர் நாடி

Vali, Azhal, Iyam are the ratio of 1:1/2:1/4. If the ratio changes, than the disease occurs. In males it should be felt in the right hand and in females it should be felt in the left hand.

“நானெனும் புருடர்க்கெல்லாம்
நாடி தான் வலக்கையாகும்
தேனெனும் மடவர்க் கெல்லாம்
திடம் பெற விடக்கை சித்தே”

- வைத்திய சாரசங்கிரகம்

c. The Gait of the Naadi

Compared to the Various animals, reptiles and birds.

“வாகினிலன்னங் கோழி மயிலென நடக்கும் வாதம்
ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்
போகிய தவனை பம்பு போலவாம் சேத்துமந்தானே”

- நோய்நாடல் நோய்முதல் நாடல்

Vali Naadi	-	Gait of hen and peacock
Azhal Naadi	-	Gait of tortoise and leech
Iya Naadi	-	Gait of frog and serpent.

2. Sparisam (Sensation)

By this, the temperature of skin, smoothness, dryness, any swelling, and tenderness can be felt for diagnosing.

“வெம்மை குறைந்தாலு மிகுந்தாலு வாதபித்தம்
தம்மை நிரை நிரையாய் சுற்றுவார் வெம்மையன்று
சீதமும் அப்பாறாகில் சிலேட்டும மென்று தெளந்த
மிகவும் அவ்வாறாகுமேல்.”

- சித்த மருத்துவவாங்கச் சுருக்கம்

Vali	-	Temperature decreased or increased in condition
Azhal	-	Temperature increased in condition
Iyam	-	Cold in condition.

3. Naa (Tongue)

It is the main indicator of a disease while inspecting tongue; we have to see the dorsal surface, ventral surface, margin, tip of the tongue and upto the root.

With the help of day light or by using a torch, examine the tongue for colour, coating, dryness, increased salivation, shape, size, wasting, deviation, movement, variation in taste and the conditions of teeth and gums, ulceration are also be noted.

4. Niram (Colour)

Normal Colour of the body according to humours. It is mentioned below

“உரைத்த கறுப்பன் வாதரோகி பித்தரோகி
அரைத்த மஞ்சளைக் குளித்தோன் ஆவான் - இரத்தம்
குளித்த வனுமாவான் கொடும் சிலேத்தும ரோகி
வெளுத்திடுவேன் தொந்தரோகியே.”

- சித்த மருத்துவாங்கச் சுருக்கம்

Thega nilai

Vali	-	Black
Azhal	-	Yellow
Iyam	-	White

The Colour indicates whether the disease is due to derangement of Vali, Azhal and Iyam.

5. Mozhi

In examination of mozhi, the quality of sound is assessed.

Vali is responsible for a	- Normal tone
Azhal is responsible for a	- High pitched tone
Iyam is responsible for a	- Low pitched tone
Combination character	- Combination of High and Low pitched tone

In the examination of mozhi we have to note the followings.

Pitch of the voice whether high or low or combined

Loudness of voice

Nature of voice

Slurring of speech

Speech in hallucination

6. Vizhi (Eyes)

Eyes are considered as window of the body. Eye examination is an indispensable parameter for the physician in the diagnosis of a disease, because a physician beholds the eyes of a patient at the first sight.

“கண் கறுத்து நீரோடில் காலம் நடுவாகில்

கண் பசுக்கும் சொக்கும் கடையாகில் கண்பீனை

சாடி வெளுக்குமே சன்னிவாதம் பித்தமுமென்

றோடிய காமாலை பசுக்கும்”

- சித்த மருத்துவாங்கச் சுருக்கம்

Vali - Blackish eye with tears

Azhal - Yellowish eye

Iyam - Palloriness of eyes

Combined - Yellowish in colour

In the examination of Vizhi we have see,

Changes of colour of the eye such as redness, Yellowish, pallor etc.

Dryness of the eye

Excessive lacrimation

Sharpeness of vision

Response of the pupil

Condition of eye lashes

Inflammation / ulceration over the both eyes.

7. Malam (Stool Examination)

“கறுத்த மலமிந்த மலங்கலாகும் பித்தம்

சிறுத்த முட்டணம் செம்மை சேரும் - பெறுத்த தொருக்கால்

சீதமலந்தில்லையுமாம் சேர்ந்த பல ரோகியாம்

மீத மலம் எண்ணிறமுமே.”

- சித்த மருத்துவாங்கச் சுருக்கம்

Vali - Constipation, Blackish Stools

Azhal - Yellow or Yellowish red Stools

Iyam - Whity Stools

Combined - Combination of the above said

To find out the other conditions of the stools, such as

Solid/ semisolid/ liquid nature of the stools

Presence of blood/ Mucus

Undigested matter in the stools

Odour of the stools

Quantity

Colour

Froth.

8. Moothiram (Urine Examination)

“வாதரோகம் தெளிந்தான் மஞ்சளித்தான் மற்றையது

சீதனுரைத்தார் பலவாம் சேர்ந்த நோய் - கோதக

மூத்திரத்தின் உண்மை மொழிந்தோம் இசை சொல்லாம்

நாத்திரத்தின் உள்ள வகைதாம்”

- சித்த மருத்துவாங்கச் சுருக்கம்

- Vali - Urine in clear
Azhal - Yellowish in colour
Iyam - Urine with mucous

In the Urine, examination, we have to see the

Colour

Odour

Quantity

Presence of forth

Presence of blood/pus

Small, stones and other sediments etc

Frequency of micturition

In Siddha system of medicine changes of Urine is observed into two peculiar studies, they are,

i. Neer kuri

ii. Nei Kuri

“தர்க்க சரத்திரி களானோர்
தங்களிற் நோர்ந்து நாடி
வர்க்கமாம் நாடி தன்னில்
வருவது மயக்க மென்றே
உற்ற நீர் பரீட்சையாய்ந்தே
யுரைத்தனரிதற்கு நோராய்
மற்றொரு விதி நூலில்லை
மருத்துவக் கலை வல்லோர்க்கே”

- சித்தமருத்துவாங்கசுருக்கம்

பொருள்: மருத்துவக் கலை வல்லவர்க்கு நோயை கணிப்பதற்கு நீர்க்குறியைக் காட்டிலும் சிறந்தமுறை வேறில்லை எனலாம்”

Neer Kuri

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென்
றைந்திய லுளவை யறைகுது முறையே”

- தேரர் நீர்க்குறி - நெய்க்குறி

According to this verse,

Niram

Eadai

Manam

Nurai

Enjal

are to be noted.

Niram

It indicates the colour of Urine such as yellow, red, black, crystal and smoky etc.

Edai

It indicates the specific gravity of urine (increased or decreased quantity)

Manam

It indicates the smell of urine such as pleasant, foul smelling, honey smell, fruit smell, and fleshy smell etc.

It indicates the frothy nature of urine.

Enjal

It indicates the inorganic and organic deposits like salt, crystals etc and the amount of urine voided.

Neikuri

A drop of gingelly oil is dropped upper surface of wide vessel containing the urine to be tested. The variations of three humours in disease can be diagnosed by the spreading nature of gingelly oil.

Vali Neer - The oil dropped on the upper surface of urine is lengthening like a snake

Azhal Neer - The oil dropped on the upper surface the urine looks like a ring

Iya neer - The oil dropped on the upper surface the urine which resembles a pearl.

Thontha Neer -

“பாம்பில் மேகதிரம் மேகதிரத்தில் பாம்பு
பாம்பில் முத்தும் மேகதிரத்தில் முத்தும்”

- Spreads like snake and then turns to ring shape.
- Spreads like ring then turns to snake shape.
- Spreads like snake then turns to pearl shape.
- Spreads like ring then turns to pearl shape. This Procedure is an important one in Siddha system of medicine to findout the diagnosis as well as prognosis aspect of the disease.

AIM AND OBJECTIVES

The developing science and technology is in the field of medicine has enlightened out ideas in the field of Siddha medicine to establish in detail the basic concept of Siddha pathology.

The proper diagnosis is the basic of every successful treatment. Thus, the studies on Noi Naadal of various diseases possess the major importance in the field of Siddha medicine.

Even though multiple organ systems are functioning in our body, reproductive system is most important in part of the life and child birth occurs during this part in females. It reflects so many internal pathologies and produces irregular menstrual bleedings and pain. Now a days most of the females affected uterine disorders and infertility. Uterine disorders are easily classified and treated by the author St. Yugi in Yugimuni Vaidya Kaaviyam.

The Common clinical signs and symptoms as well as diagnostic methods for most of the reproductive organs diseases are similar to each other in some extent.

In internal genital organs, if any abnormal mass (or) growth is present it produced such signs and symptoms at first menstrual disorders like inter menstrual bleeding.

When uterus is inflamed, it will be reflected through a symptom inter menstrual bleeding.

Menstrual disorders are producing physical and mental changes in females.

During this time, the females affected various problems like pain and renal disorders.

In human body hypo thalamus is main endocrine gland it secretes various hormones. These hormones give various changes in human body. The hyper and hypo secretions of the hormones cause various signs and symptoms.

In Yonisoolai abnormal growth like polyp is occurs in uterine cavity, and cervix which is manifested in its aetiology, pathology, and therapeutic measures. It has been classified and deal by St. Yugi in his therapeutic purpose.

The objective of this study is to analyse in detail the definite aetiology, pathology, and diagnostic methods of Yonisoolai by synchronizing the evidences found in Siddha literature with modern classification of disease.

The main aim of the author's dissertation is to expand the condensed literature and to throw it into the scientific light, so that mode of study will be.

- To collect Siddha literary evidences about Yonisoolai.
- To study in aetiology of Yonisoolai in Siddha aspect.
- To study and analyse in detail pathology of signs and symptoms about Yonisoolai in general.
- To find out the changes of Udalthathu, Uyirthathu and Envagai thervu, mentioned in Siddha literatures for the disease Yonisoolai.
- To support the study of disease Yonisoolai using modern parameters like Manual examination, Blood investigations, USG scan, Biopsy etc.

ELUCIDATION ABOUT YONISOOLAI

In Yugimuni Vaidya Kaaviyam under Yonisooolai was broadly dealt in the 345th stanza. It is as follows,

“யோனிவாயின் அதின் உள்ளே இரண்டுமூன்றுவிரல்நீளம்
கானக்கோழிபூப்போலக் கதித்துசதையும் வளர்ந்துகொண்டு
யோனிவாயில் இரத்தம்விழும் ஓடும் சிறுநீர்துளித்துளியாய்
மனேவுச்சம்தலைநோகும் மர்புமுதுகைகால்கள்நோமே”

Table No - 8

யோனிகுலை	It is a disease that produces pin pricking pain in the female genitalia
யோனி வாய்க்குள் 2-3 விரல் நீளம், கோழியின் பூப்போல சதை தடித்து, வளர்ந்து இரத்தம் கசிந்து தலைவலியும் மார்பு முதுகு கை கால் நோக்காடும் உண்டாக்கும்.	Growth which resembles the crest of Gallus Sonneratii (கானக் கோழி) about 2-3 finger length occurs uterus and cervix associated with vaginal bleeding headache and generalized body pain
கானக்கோழிபூப்போல	A mass of tissues that project outward or away from the surface of surrounding tissue is mentioned as polyp. Polyp is a clinical entity referring a tumor attached by pedicle.
விரல் - அங்குலி	Phalanges -2- 2.15 cm
கதித்தல் - மிகுத்தல்	Increase in mass of tissues
இரத்தம்விழும்	Vaginal bleeding
சிறுநீர்துளித்துளியாய்	Dribbling of Urine

The larger polyp may cause the bleeding per vagina when polyp present in the uterus (or) cervix, the following symptoms are present.

- Intermenstrual bleeding
- Irregular uterine bleeding
- Post coital bleeding
- Abnormal vaginal bleeding
- Post menopausal bleeding

சிறுநீர்துளித்துளியாய்:

When polyp present in the uterine cavity uterine contraction is occurs. Uterus extends the polyp through the external os, some times the external os is complete closed. This polyp causes, incontinence of urine (few drops to more amount of urine) due to defective supports of the bladder and the urethra. Some times elongation of urethra by loss of nervous control

தலைநோகும் : Headache

Recurrent headache may bear a relationship to certain biological events or environmental exposure will attend the menstrual cycle.

மார்பு முதுகு கை கால்கள் நோகும்: Body pain

Presence of polyp in the uterine cavity produces contraction of uterus to expel the polyp out of uterine cavity. During this time the pain will radiate to the lower back and lower extremities. If Obturator Nerve is compress the pain will radiate from low back to lower extremities.

PATHOLOGICAL VIEW OF THE DISSERTATION TOPIC

SIDDHA ASPECT

Yonisoolai a disease which creates a large burden among the women in terms of both direct costs and indirect costs that results from psychosocial factors, has been selected by the author. The pathological view **through siddha system** has been explained by the author has follows

The disease Yonisoolai has been mentioned in Yugimunivaidya kaaviyam.

“நெடுவாத சர்வதுவுமின்றி சூலை வராதது”

- தேரையர்

The above version explain that if the Vali gets affected for a long time it will produce soolai noi

Vali is one of the vital humours from which the body is constituted. It is the combination of Air and Ether.

Dwelling places of Vali

Abanan, Idakalai, Kaamakodi, Undhiyin Keezhmoolam, Hip , Bones, Muscles, Nerves, Joints, Skin ,Hair follicles, Stools.

Functions

- ❖ Refreshment
- ❖ Respiration

- ❖ Maintenance of body and mind in balanced State
- ❖ Regulation of Reflexus (14 Urges)
- ❖ Enhancement of functions of Udalkattugal.

Derangement of Vali will produce the following symptoms.

- ❖ Derangement of **Uyirkkaal** leads to respiratory disorders.
- ❖ Derangement of **Keelnookkukaal** leads to bladder and reproductive system diseases like dripping of urination, incontinence of urination, irregular menstrual bleeding.
- ❖ Derangement of **Paravukaal** leads to neurological disturbances, like, full body pain, headache.
- ❖ Derangement of **Melnokkukkaal** leads to gastro intestinal tract disturbances
- ❖ Derangement of **Nadukkaal** leads to neurological problems like pain.
- ❖ It acts as an activating factor for other vayus.
- ❖ Derangement of **Vanthikaal** leads to impaired memory and lack of comprehension the thinking.
- ❖ Derangement of **Vizhikaal** leads to difficulty closure of eye lids.
- ❖ Derangement of **Thummnikkaal** leads to excess salivary Secretion, sneeze, cough.
- ❖ Derangement of **Kottavikkaal** leads to yawning fatigue, angry.

In Yonisoolai the following types Vali gets increased

- | | | |
|----------------------------|---|---|
| Uyirkkaal (Praanan) | - | When it is affected, it leads to dyspnoea and tiredness. |
| Keelnokkukaal (Abaanan) | - | When it is affected, it leads to dribbling of urine, incontinence of urine, Irregular vaginal bleeding. |
| Paruvukaal (Viyaanan) | - | When it is affected, it leads to head ache and body pain. |
| Melnokkukkaal (Udhaanam) | - | When it is affected, it leads to cough. |
| Nadukaal (Samaanan) | - | When it is gets affected, it leads to reduced supply of nutrition. |
| Vanthikkaal (Naahan) | - | When it is affected, it leads to impaired intellectual function. |
| Vizhekkaal (Koorman) | - | When it is affected, it leads to Paarvaimangal. |
| Thummikkal (Kirukaran) | - | When it is affected, it leads to cough and sneeze. |
| Kottavikkaal (Devathathan) | - | When it is affected, it leads to yawning, fatigue, angry. |

Whenever Vali gets derangement, it will reflect on other two humors. In Yonisoolai, the following Iyam will be increased. They are,

- | | | |
|---------------------------|---|--|
| Ali Iyam (Avalambagam) | - | When it is affected, it leads to dyspnea. |
| Neerppi Iyam (Kilethagam) | - | When it is affected, it leads to mantham. |
| Suvaikaan Iyam (Pothagam) | - | When it is affected, it leads to increased sour taste in tongue. |
| Niraivu Iyam (Tharpagam) | - | When it is affected, it leads to cataract. |
| Ondri Iyam (Santhigam) | - | When it is affected, it leads to pain in Hip joints. |

Vali and Iyam gets derange it will reflect on Azhal. In Yonisoolai the following types of Azhal are decreased. They are,

- | | | |
|-------------------------------|---|---|
| Aakkanal (Anala Pitham) | - | When it is affected, it leads to loss of appetite. |
| Ollolithee (Prasaka Pitham) | - | When it is affected, it leads to dullness of skin. |
| Nokku Azhal (Aalosaka Pitham) | - | When it is affected, it leads to Paarvaimangal. |
| Aatralangi (Saathaka Pitham) | - | When it is affected, it leads to inability in doing normal works. |

The altered humors of Vali, Azhal and Iyam,gives altered changes in Udalthathukkal

In Yonisoolai nature of Udalthathukkal are increasing features. They are tabulated in the below table.

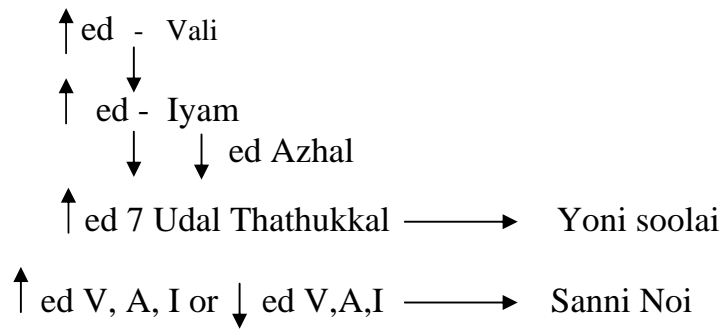
ALTERED UDAL THAATHUKKAL IN YONISOOLAI

Table No - 9

Udal thathukkal	Feature of nature increasing
Saaram(Chyle)	Feeling heaviness of the body.
Senneer (Blood)	Tumours in different parts of body, soolai
Oon (Muscle)	Tumours or extra growth in the genitalia
Enbu (Bone)	Excessive ossification
Kozhuppu (Fat)	Identical to increasing features of oon, tiredness.
Moolai (Bone Marrow)	Sense of the heaviness over the body, oliguria
Suronitham (Ovum)	Increased sexual desire,Anovulatory menstrual Cycle

Whenever Vali increase Iyam is also get increase. At the same time Azhal will decrease. Later if Vali, Iyam, and Azhal may increase or decrease it cause to form sanninoi.

Due to the long period of affect of Vali humor, it itself increased. It also makes continuously increase Iyam and these decrease Azhal. Its cause to increase seven Udal thathukkal and it make the clinical picture disease in Yonisoolai.



UTERINE AND CERVICAL POLYP

MODERN ASPECT

A mass of tissues that project outward or away from the surface of surrounding tissue that is mentioned as polyp. Polyp is a clinical entity referring a tumour attached by pedicle. It arises from the uterus or cervix.

Types of Polyp

- ❖ Mucous Polyp
- ❖ Fibroid Polyp
- ❖ Placental Polyp

Mucous polyp, Fibroid polyp arises from the body of the uterus or from the cervix.

Mucous polyp arises from the **uterus** is called **Endometrial polyp**.

This is due to hyperplastic over growth of the endometrial glands.

Mucous polyp arises from the **cervix** is called endocervical polyp.

This is due to hyperplastic over growth of the endocervical glands.

Placental polyp

It is the retained bit of Placental tissue when adherent uterine wall. There is a history of recent child birth or abortion.

Risk factors and epidemiology

- ❖ Obesity
- ❖ High blood pressure
- ❖ History of cervical polyps.
- ❖ Taking hormone replacement therapy.
- ❖ Due to hyperoestrinism.

Pathogenesis

A part of thick endometrium projects into the cavity and ultimately attains a pedicle. This is due to hormonal imbalance.

Symptoms

Irregular menstrual bleeding.

Vaginal bleeding after menopause.

Bleeding from the blood vessels of the polyp contributes to an increase of blood spotting between the menstrual periods.

If the polyp protrudes through the cervix into vagina, pain may result.

Cervical polyp

Mucous polyp arises from the endocervix and rarely from the ecto cervix.

Pathology

The stimulates of epithelial over growth is probably due to hyper oestrinsm, chronic irritation by infection, inflammation of the cervix.

Symptoms

- ❖ Intermenstrual bleeding
- ❖ Heavy menstrual bleeding.
- ❖ Vaginal bleeding is post menopausal women.
- ❖ Bleeding after sex.
- ❖ Thick white vaginal discharge (leucorrhoea)

Fibroid polyp in Uterus

Fibroid polyp is almost always due to extrusion of the submucous fibroid into uterine cavity. During this process it attains a pedicle which is often broad and usually attached to the posterior wall. The uterus contracts to expel the polyp out and as a result the polyp may be pushed out through the cervix to lie even the vagina.

Pathology

They may enlarge rapidly due to increased estrogen levels.

Symptoms

- ❖ Abnormal bleeding
- ❖ Abdominal discomfort
- ❖ Backache.
- ❖ Urinary disorders.

Fibroid polyp in cervix

Cervical fibroid polyp usually arises from the ectocervix and from its posterior aspect.

Symptoms

Intermenstrual bleeding pain in the lower back and lower extremities due to uterine contraction is an effect to expel the polyp in to vagina. The larger polyp may cause the bleeding per vagina.

PATHOPHYSIOLOGY

When polyp present in the uterine cavity, uterine contraction is occurs. Uterus extends the polyp through the external os. The external os is completely closed by the polyp. This causes incontinence of urine (few drops to more amount of urine) due to defective supports to the bladder and urethra. Sometimes elongation of urethra by loss of nervous control.

Recurrent headache may bear a relationship to certain biological events or environmental exposure will attend the menstrual cycle.

During uterine contraction muscle spasm occurs. This muscle spasm will stimulate the sensitive pain receptors. One of the indirect effect of muscle spasm is compression of the blood vessels leading to ischemia.

In ischemia inadequate clearance of metabolites results in accumulation of metabolic waste products in the affected tissues. These metabolic waste products stimulate nerve endings producing pricking pain.

Occurrence of pinprick pain is due to stimulation of afferent nerves. Ischemia also directly stimulates the pain fibers and results in extreme pain all over the body.

Further, the menstrual fluid contains large amounts of prostaglandin contents such as PGF_{2a} , PGE_2 .

PGE_2 sensitizes the cutaneous nerve terminals and stimulate the pain receptors producing pain. High concentration of PGE_2 will cause pain directly. PG is present in the central nervous system and may function as transmitters of neuronal activity.

When uterine contraction occurs, Obturator Nerve is compressed due to enlarged polyp. So Pain is radiating from low back to lower extremities.

ANATOMY

The Female External Genitalia

The female external genitalia are formed by the following structures. They are, Mons pubis, Labia majora, and Labia minora, Clitoris, Vestibulae of the vagina, External urethral opening and Greater vestibular glands.

Mons Pubis

This is a rounded prominence in front of the symphysis pubis.

It is mainly formed by adipose tissue.

It is covered by pubic hairs after puberty.

The pubic hairs are arranged in a typical triangular feminine distribution.

The pubic hairs are arranged horizontally along the upper border of the mons.

Labia Majora

They are elongated skin folds containing fat and connective tissue. Within the labia, the venous plexus is seen. The medial surface has no hairs but sebaceous and sweat glands are present. Anteriorly they unite to form the posterior commissure. The terminal part of the round ligament of the uterus is attached to labia.

Labia Minora

Medial to the labia major, skin folds called the labia minora are situated. Posterior ends of the labia minora unite to form the fourchette.

Anterior ends of these folds divide and enclose the clitoris and form the prepuce and frenulum of the clitoris.

Hair follicles, sweat glands and sebaceous glands are absent.

Clitoris

Clitoris corresponds to the penis in the male and contains sensory nerve endings and erectile tissue but it has no reproductive significance.

The Vestibule of the Vagina

The cleft between the labia minora is the vestibule. The vagina, urethra, and ducts of greater vestibular glands open into the vestibule.

External Urethral Opening

It is situated anterior to the vagina. It is a slit like opening with a raised margin. The ducts of paraurethral glands of Skene open into the urethra or just lateral to the urethra.

Greater Vestibular Glands

They are compound racemose glands.

They are situated on either side of the vagina.

Female Internal Genitalia

Internal Organs of the female reproductive system lies in the pelvic cavity and consists of the vagina, uterus two uterine tubes and two ovaries.

Vagina

The vagina is a fibromuscular canal lined with stratified squamous epithelium connecting the external and internal organs of reproduction. It runs obliquely upwards and backwards at the angle of about 45° between the bladder in front and rectum and anus behind. In the adult anterior wall is about 7.5 cm long and the posterior wall is about 9cm long. The difference is due to the angle of insertion of the cervix through the anterior wall.

The structure of the vagina

The vagina has 3 layers, an outer covering of areolar tissue a middle layer of smooth muscle, and the inner lining of stratified squamous epithelium that forms ridges or rugae. There are no secretory glands but the surface is kept moist by cervical secretions. Between the puberty and the menopause. *Lactobacillus acidophilus* bacteria are normally present which secrete lactic acid, maintain the PH between 4.9 and 3.5. The acidity inhibits the growth of most other microbes that may enter the vagina from the perineum.

Uterus

The Uterus is a hollow muscular organ. It lies in the pelvic cavity between the bladder and rectum. The forward bending of the uterus relative to the vagina is called antirversion. The uterus is also slightly flexed on itself is called antiflexion.

When the body is in the upright position the uterus lies in the almost horizontal position, It is about 7.5 cm long 5 cm wide and its walls are about 2.5cm thick, It weighs from 30-40 grams.

The parts of uterus are fundus, body and cervix.

Superiorly the uterus communicates on each side with the uterine tube, and inferiorly with the vagina.

The fundus

The fundus is formed by the free upper end of the uterus. It lies above the opening of the uterine tubes.

The Body

This is the main part of the uterus. It is narrowest inferiorly at the internal os where it is continuous with the cervix.

The cervix

The cervix is the lower cylindrical part of the uterus it is called neck of the uterus. It is about 2.5cm long. The lower part of the cervix projects into the anterior wall of vagina; the cervix divides it into supravaginal and vaginal parts.

The vaginal part of the cervix projects into the anterior wall of the vagina, the space between it and the vaginal wall are called vaginal fornices. The cervical canal opens into the vagina by the opening called the external os.

The cervical canal is fusiform in shape. It communicates above with the cavity of the body of the uterus, through internal os, and below with the vaginal cavity through the external os.

Structure of the uterus

The wall of uterus has composed of three layers of tissue. They are, perimetrium, myometrium, and endometrium.

Perimetrium

This is peritoneum which is distributed differently on the various surface of the uterus.

Anteriorly it extends over the fundus and the body where it is folded on to the upper surface of the urinary bladder. This fold of peritoneum forms vesicouterine pouch.

Posteriorly the peritoneum extends over the fundus, the body and the cervix, then it continuous on to the rectum to form the rectouterine pouch.

Laterally only the fundus is covered because the peritoneum forms a double fold with the uterine tubes in the upper free border. This double fold is the broad ligament which as its lateral ends attaches the uterus to the sides of the pelvis.

Myometrium

It is very thick and formed by bundles of the smooth muscle fibres. The muscles have power to hypertrophy during pregnancy and in old age it atrophies. The body of the uterus is more muscular and fibrous. But the cervix is more fibrous and less muscular.

Endometrium

It is inner mucous lining of the uterus. It is made up to cuboidal or ciliated columnar cells. It contains a large number of mucous secreting tubular glands. It is divided functionally into two layers.

The functional layer is the upper layer and it is thickened and becomes rich in blood vessels in the first half of menstrual cycle. If the ovum is not fertilized and does not implant this layer lies next to the myometrium, and is not lost during menstruation. It is the layer from which the fresh functional layer is regenerated during each cycle.

Upper two thirds of the cervical canal is lined with this mucous membrane further towards the vagina, however the mucosa changes becoming stratified squamous epithelium, which is continuous with the lining of the vagina itself.

Arterial supply

The uterus is supplied by the two uterine arteries and ovarian arteries.

The vagina is supplied by vaginal branch of internal iliac artery.

In addition, upper part is supplied by the cervico vaginal branch of uterine artery, the lower part by the middle rectal and internal pudendal arteries.

Venous Drainage

The veins form a plexus along the lateral border of the uterus. The plexus drains through the uterine ovarian and vaginal veins into the internal iliac veins.

Lymphatic Drainages

The fundus and the upper part of the body drain into the aortic nodes. Superficial inguinal nodes along the round ligament of the uterus. Lower part of body drain into external iliac nodes.

The cervix drains into external iliac, internal iliac, and sacral nodes.

Lymphatics from the upper one third of the vagina drain into the external iliac nodes. Middle one- third into internal iliac nodes. Lower one-third into the medial group of superficial inguinal nodes.

Nerve supply

The uterus is richly supplied by both sympathetic and Para sympathetic nerves through the inferior hypo gastric and ovarian plexus. Sympathetic nerves from T₁₂, L₁ segment of spinal cord produce uterine contraction and vasoconstriction. The Para sympathetic nerves S₂, S₃, S₄ produce uterine inhibition and vasodilatation however these effects are complicated by the pronounced effects of hormones on the genital tract.

Pain sensations from the body of the uterus pass along the sympathetic nerves, and from the cervix, along the parasympathetic nerves,

The lower one-third of the vagina is pain sensitive and is supplied by the pudendal nerve through the inferior rectal and posterior labial branches of the perineal nerve.

The upper two thirds of the vagina are pain insensitive and are supplied by sympathetic L₁, L₂. and parasympathetic segments S₂, S₃ nerves derived from the inferior hypogastric and uterovaginal plexuses.

PHYSIOLOGY

An extensive knowledge has accumulated on ovarian steroidogenesis and its control by the pituitary (hypothalamus) and the hypothalamus. This has been made possible mainly due to the development of the immunoassays and competitive protein binding methods for the assay of various hormones in the blood, as also the knowledge of synthesis of these hormones.

It is now well established that a normal menstrual cycle depends on cyclical ovarian steroid secretions which in turn are controlled by the pituitary and the hypothalamus and to some extent are influenced by the thyroid and the adrenal glands. Any deviation in the hormonal pathway will alter the ovarian function and thereby the menstrual cycle. It is therefore essential to understand the hypothalamus – pituitary – ovarian axis in normal woman in order to comprehend the causes of the menstrual irregularities.

Hypothalamus

Hypothalamus with its several nuclei and extrinsic normal connections is now considered the regulating factor in the chain of hypothalamus – pituitary – ovarian – uterine axis. Hypothalamus secretes only one factor gonadotropin releasing hormone the secretions of

pituitary FSH and LH G_nRH is released into the hyperphysical portal vessels and reaches the pituitary.

G_nRH has different modes of action depending upon the manner of its release. A continuous release, of G_nRH causes suppression of gonadotropins and thereby of ovarian function. This mode of administration is now employed in therapy by using synthetic analogs of G_nRH in suppressing menstruation in precocious puberty, reducing the size of uterine fibroids, and in causing shrinkage of endometriosis. G_nRH causes cyclical release of gonadotropine, induces ovulation and favors pregnancy. It is therapeutically applied in women with anovulatory infertility.

Hypothalamus also secretes a prolactin – inhibitory factor (PIF) which inhibits the release of prolactin. During late pregnancy and lactation a low or absent inhibitory factor leads to high secretion of prolactin and lactation is initiated.

Hypothalamus can be influenced by the higher centers, especially the temporal lobe. Emotional upsets are known to stimulate or depress the hypothalamic pituitary ovarian axis's disturbing the menstrual cycles.

Pituitary gland

The anterior pituitary gland consists of three histologically distinguishable cells. The chromophobe or parent cell, and the chromophil cells described as eosinophil or alpha cells, and the basophil or

beta cells. The chromophil cells secrete the gonadotropins that control the ovarian function and the menstrual cycles. These gonodotropins are follicle stimulating hormone, (FSH), Luteinizing hormone, and prolactin.

Follicle stimulating Hormone (FSH)

Actions

- ❖ FSH is responsible for the development of Graafian follicle from primordial follicle.
- ❖ It stimulates the theca cells of Graafian follicle and causes secretion of estrogen.

Luteinizing Hormone (LH)

Actions

- ❖ L.H. Causes maturation of vesicular follicle in to graafian follicle along with follicle stimulating hormone.
- ❖ It is responsible for ovulation. This hormone is necessary for the formation of corpus luteum.
- ❖ It activated the secretory functions of corpusluteum.

Human Chorionic Gonadotropin (HCG)

Secreted by the tropho plastic tissue in pregnancy it has a luteinizing action. HCG contains alpha and beta fractions. The alpha fraction resembles lit, but beta fraction is elusively specific to chronic tissue. It is commercially obtained from the uterine of pregnant women.

Prolactin

It is necessary for the final preparation of mammary glands for production and secretion of milk. Prolactin, acts directly on the epithelial cells of mammary glands and cause localized alveolar hyperplasia.

Posterior pituitary (Neurohypophysis)

It secretes oxytocin and vasopressin. The former acts mainly on the smooth, muscle of the uterus and breasts, although it may also have slight vasopressin action. The latter is responsible for maintenance of blood pressure. Both have ant diuretic action when given in large quantities.

Ovarian steroid genesis

The active hormones of the ovary are the steroids derived from cholesterol these include estrogen, progesterone, testosterone and androstenedione.

Source of Secretion

Natural estrogen are C18 steroids, the main source of which are theca and granulosa cells of the graafian follicles and corpus luteum, while the adrenal cortex is a secondary source of supply. Estrogen is secreted as oestradiol, inactivated by the liver and excreted as conjugates of oestrone, estradiol estratrial in the urine. The plasma estradiol level rises approximately 6-7 days before ovulation. The peach level is reached about two days before ovulation and approximately 24 hours before LH peak. There after the estradiol concentration falls but a small rise is seen again in the midluteal phase. The urinary excretory level follows the pattern seen in the plasma.

Actions of estrogen

The main function of the estrogen is to cause cellular proliferation and growth of the tissues of the sexual organ and of other tissues related to reproduction. In childhood the estrogen is secreted in small quantity. During puberty, the secretion increases sharply causing the changes in the sexual organs.

The actions of estrogen are,

- ❖ Effects on Uterus
- ❖ Effects on Fallopian tubes
- ❖ Effects on Vagina
- ❖ Effects on Breasts
- ❖ Effects on Secondary sexual characters
- ❖ Effects on Bone
- ❖ Effects on Metabolism
- ❖ Effects on Electrolyte balance.

Effects on Uterus

- ❖ Causes myohyperplasia, of the myometrium and cervix
- ❖ Increases uterine vascularity
- ❖ Regenerates the endometrium after menstruation and is responsible for the proliferation of preovulatory hyperplasia of the endometrium
- ❖ Stimulant effects on the glands of the endocervix and their mucus secretion.

Progesterone

The corpus luteum is the main source of progesterone although progesterone is an important intermediary product of synthesis of adrenal corticosteroids; it has little if any biological action from this extra ovarian source.

It is excreted in urine as sodium pregnanediol-3-glucuronide and recovered as such for assay in the secretory phase of menstrual cycle. The plasma level of progesterone rises after ovulation and reaches a peak level of 15 ng/ml at midluteal phase.

With degeneration of the corpus luteum, its level falls and brings about menstruation. In anovulatory cycle, progesterone is absent or is in negligible amount (from extra ovarian sources). Menstruation is then brought about by fall in the level of estrogen. If pregnancy occurs the corpus luteum persists and even enlarges and continues to secrete progesterone.

This high level of hormone prevents menstruation and leads to amenorrhea of pregnancy.

Actions of progestogens

Endometrial

Progestogens cause secretory hypertrophy and decidual formation if the endometrium has been previously primed with estrogen.

Pregnancy

Progestogens firstly from the corpus luteum and later from the placenta are essential for the continuation of pregnancy.

Uterus

Progestogens cause myohyperplasia of the uterus. They increase the strength of the uterus. They increase the strength but diminish the frequency of uterine contraction.

Pituitary

The exact action of progestogens on the pituitary is not known. Progestogens may inhibit the production of follicle stimulating hormone, and thus suppress ovulation.

A certain percentage of most progestogens is metabolized to estrogen and it new well be than the oestrogen so produced is responsible for inhibiting pituitary activity.

The monthly endometrial cycle and menstruation proliferative phase (estrogen phase) of the endometrium occurring before ovulation.

At the beginning of the each monthly cycle, most of the endometrium has been desquamated by menstruation.

After menstruation thin layer of endometrial stroma remains, epithelial cells that are left located in the deeper portion of the glands and crypts of endometrium. Under the influence of the estrogen the

endometrial surface is re – epithelialized within 4 – 7 days after beginning of menstruation. At the time of ovulation the endometrial glands especially cervical region, secrete a thin, stringy mucus, It helps and guide the sperm in the proper direction from the vagina into uterus.

Secretory phase (Progestational phase) of the endometrial cycle, occurring after ovulation.

After ovulation occurred, progesterone and estrogen together are secreted in the large quantity by the corpus luteum. The estrogen causes slight additional cellular proliferation. The progesterone causes marked swelling and secretory development of the endometrium.

The glands increase in tortuosity. Excess of secretory substances accumulates in the glandular epithelial cells blood supply to the endometrium further increases. At the peak of the secretory phase, about week after ovulation, the endometrium has thickness of 6 to 7 millimeters.

The whole purposes of these endometrial changes provide implantation of fertilized ovum.

Menstruation

If the ovum is not fertilized, about 4 to 5 days before the end of the monthly cycle, the corpus luteum in the ovary suddenly involutes the ovarian hormones estrogen and progesterone decrease to low levels of secretion, then menstruation follows.

Menstruation is caused by the reduction of estrogen and progesterone especially progesterone. The vasospasm, the decrease in nutrients to the endometrium, and loss of hormonal stimulation cause beginning necrosis in the endometrium and blood vessels. Blood seeps into vascular layer of the endometrium and hemorrhagic area as it grows rapidly over a period of 24 to 36 hours.

Within 4 to 7 days after menstruation endometrium has become re-epithelialized.

Functions of Uterus

After puberty the endometrium of the uterus goes through a regular monthly cycle of changes. The menstrual cycle is under the control of hypothalamic and anterior pituitary hormones.

The purpose of the cycle is to prepare the uterus to receive, nourish and protect a fertilized ovum. The cycle is usually regular lasting between 26 and 30 days. If the ovum is not fertilized a new cycle begins with a short period of bleeding is called menstruation.

Functions of the cervix

The cervix provides an alkaline secretion which helps in the conduction of the sperm.

Cervix acts as a sphincter during pregnancy during child birth the body of the uterus contracts whereas the cervix relaxes.

Functions of the vagina

The vagina act as female copulatory organ semen is deposited in the upper vagina. It provides an elastic passage way through which the baby passes during child birth. Menstrual blood is discharged out through the vagina.

It inhibits infections in female during the reproductive age.

EVALUATION OF DISSERTATION TOPIC

Materials and Methods

The clinical study on Yonisoolai was carried out at the post graduate department Noinaadal branch in Government Siddha Medical College Palayamkottai.

Case selection and supervision

Cases were noted with the allied symptoms of Yonisoolai as mentioned in Yugimunivaidya kaaviyam

The patients are carefully examined systematically under the supervision of the professor and faculties the post graduate Noinaadal Department

Then the case were selected from Gynaecology department Tirunelveli Medical college and Hospital and did investigations.

The detail history of the past and present illness, personal and family history were observed.

In which the author had selected 7 cases to evaluate typical picture by siddha parameters along with modern parameters.

Evaluation of Clinical Parameters

A detailed history and clinical features of the patients were taken carefully.

The Clinical history contains,

Detailed history of past and present illness

Family history.

The Clinical features of the disease Yonisoolai were taken from Yugimuni Vaidya kaaviyam, signs and symptoms of Yonisoolai are,

Polyp present in Cervix

Polyp present in Uterus

Polyp Present in Uterus and cervix

Bleeding per Vagina

Incontinence of Urine

Dribbling of Urine

Headache

Generalized Body pain.

Study of Siddha Clinical Diagnosis

Modes of investigating the cases are proiyal arithal, pulanal arithal, pulanal arithal and vinathal were adopted to asses the humoral pathology.

The modes were carried on the fundamental of Udal Thaathukkal and Envagai thervugal.

The clinical Investigation

For further detailed study about this disease the modern investigatory parameters are used.

The following laboratory investigations were done in these cases.

Blood

1. Total count
2. Differential count
3. Haemoglobin estimation
4. Erythrocyte sedimentation Rate
5. Blood sugar
6. Blood Urea
7. V.D.R.L. test
8. E.L.I.S.A. test for H.I.V.

Urine

1. Albumin
2. Sugar
3. Deposits

Motion

1. Ova
2. Sugar
3. Occult blood

Other test

1. Ultra Sonogram
2. Biopsy

OBSERVATION AND RESULTS

1. Polyp present in cervix
2. Polyp present in uterus
3. Polyp Present in uterus and cervix
4. Relation with (intermenstrual cycle) vaginal bleeding
5. Relation with urinary output
6. Mukkutra Nilai
7. Udal Thathukkal
8. Envagai Therugal
9. Signs and symptoms
10. Laboratory findings
11. Ultrasonogram – pelvis
12. Biopsy Findings

I. Case List

Table No - 10

S No	Hospital No	Name	Age
1	8128	Vimala	45
2	3114	Premalatha	32
3	63683	Naachiyar	45
4	485	Jeyakumari	34
5	27968	Pushpam	45
6	897	Selvageetha	38
7	2028	Mary	24

Relation with polyp in Female genitalia

Table No - 11

S No	Polyp in Female genitalia	No. of Cases
1	Polyp Present in uterus	3
2	Polyp Present in cervix	4
3	Polyp Present in uterus and cervix	2

Relation with Vaginal Bleeding

Table No - 12

S No	Vaginal Bleeding	No of Cases
1	Intermenstrual bleeding	7

Relation with Urine output

Table No - 13

S No	Urine out put	No of Cases
1	Dribbling of Urine	6
2	Incontinence of urine	6

Relation with pain

Table No - 14

S No	Pain	No of Cases
1	Head Ache	7
2	Generalized Body pain	7

Distribution of Mukkutram:**a) Derangement of Vali****Table No - 15**

S No	Types of Vali	Changes	No. of Cases Affected
1	Uyirkkaal	Tiredness Dyspnea	5
2	Keelnookkukaal	Irregular Menstrual bleeding	7
		Dripping of urine, Incontinence of urine	6
3	Naukkaal	Reduced supply of nutritions to the body	7
4	Melnokkukaal	Cough	-
5	Paravukkaal	Generalized body pain head ache	7
6	Vanthikkaal	Impaired memory lack of comprehension thinking	6
7	Vizhikkaal	Paarvai Mangal	3
8	Thummikkaal	Cough, Sneeze	5
9	Kottavikkaal	Yawning fatigue angry presnt.	6
10	Veengukkaal	-	-

b. Derangement of Azhal**Table No - 16**

S No	Types of Azhal	Changes	No. of Cases
1	Aakkahal	Loss of Appetite	3
2	Olloliththee	Dullness of Skin	5
3	Vannayeri	Paleness of tongue	4
4	Nokku Azhal	Parvai mangal	3
5	Aatralangi Azhal	Inability to normal works	7

c. Derangement of Iyam:**Table No - 17**

S No	Types of Iyam	Changes	No. of Cases
1	Ali Iyam	Dyspnea.	7
2	Neerppi Iyam	Mantham	5
3	Suvaikaan Iyam	Increased Sour Taste	5
4	Niraivu Iyam	Catract	3
5	Ondri Iyam	Pain in Hip joints	7

Udal Thathukkal

Table No - 18

S No	Udal thathukkal	Changes	No. of Cases
1	Saaram	Heaviness of the body	7
2	Senneer	Tumors in different parts of body, Soolai	7
3	Oon	Extra Growth in Genitalia	7
4	Kozhuppu	Increasing Features of oon (polyp) Tiredness present	7
5	Enbu	Excess dentition, Bones calcification	7
6	Moolai	Sense Of Over Heaviness Of the Body	7
7	Suronitham	Increased sexual desire Anovulatory menstrual cycle	7

THE PICTURE OF ENVAGAI THERUGAL

Table No - 19

S NO	Hos No	Naa	Niram	Mozhi	Vizhi	Meikuri	Malam	Kaikuri	Moothiram Neerkuri
1	8128	Veluppu +	Karuppu	Samaoli	Paarvai Mangal +	Cervical Polyp expelout Headache Bodypain	Sikkal Two days once output	Vali iyam	NIram – Elamanjal Manam – Aromatic Smell Edai – Affected Nurai – Increased ++ Enjal – Present
2	3114	Veluppu +	Karuppu	Samaoli	Not Affected	Cervical Polyp expelout Headache Bodypain	Not Affected	Vali iyam	Niram – Elamanjal Manam – Aromatic smell Nurai – Increased ++ Edai – Affected Enjal – Present
3	63683	Veluppu ++	Manjal	Samaoli	Affected Paarvai mangal	Cervical Polyp expelout Headache Bodypain	Sikkal Two days once output	Vali iyam	Niram – Elamanjal Manam – Aromatic smell Nurai – Increased +++ Edai – Affected Enjal – Present
4	485	Veluppu +	Karuppu	Samaoli	Veluppu +	Cervical Polyp expelout Headache Bodypain	Manjal ++	Vali iyam	Niram – Elamanjal Manam aromatic smell Nurai present++ Edai – Affected Enjal –Present

+ → Mild ++ → Moderate +++ → Severe

S NO	Hos No	Naa	Niram	Mozhi	Vizhi	Meikuri	Malam	Kaikuri	Moothiram Neerkuri
5	27968	Veluppu +	Karuppu	Samaoli	Paarvai Mangal +	Uterine Polyp expelout Headache Bodypain	Sikkal 3 days once output Manjal +	Vali iyam	Niram – Elamanjal Manam – Aromatic smell Edai – Affected Nurai – Present ++ Enjal – Present
6	897	Maa + Padintiruthal Veluppu ++	Karuppu	Samaoli	Veluppu +	Headache Bodypain	Manjal +	Vali iyam	Niram – Elamanjal Manam – Aromatic Smell Nurai – Increase +++ Edai – Affected Enjal Present
7	2028	Veluppu +	Karuppu	Samaoli	Veluppu +	Uterine Polyp expelout Headache Bodypain	Manjal +	Vali iyam	Niram – Elamanjal Manam – Aromatic smell Edai – Affected Nurai – Increased +++ Enjal –Present

+

→ Mild

++

→ Moderate

+++

→ Severe

Neerkuri

Table No - 20

S.No	Character of urine	No. of Cases
1	NIram - Specific change – Yellow	5
2	Edai – Changes in specific gravity	Affected 7
3	Manam – Changes in smell	Affected 7
4	Nurai – Abnormal forth	Affected 7
5	Engal – Quality and deposits	Affected 7

Neikuri

Table No - 21

S.NO	Hospital No	Neikuri
1	8128	Aravil muthu
2	3114	Aravil muthu
3	63683	Aravil Muthu
4	485	Aravil Muthu
5	27968	Aravil Muthu
6	897	Aravil Muthu
7	2028	Aravil Muthu

Clinical Features

Table No - 22

S.N O	Hospital No	Clinical Features	No of Cases
1	8128	Polyp Present in cervix	4
2	3114	Polyp present in uterus	3
3	63683	Polyp present in uterus and cervix	2
4	485	In Continence of urine	6
5	27968	Dribbling Of urine	6
6	897	Headache	7
7	2028	Body Pain	7

ALLIED PARAMETERS

Table No – 23

Blood Investigations														
					DC%									
S.No	OP.No	Name	Age	TC Cells/ Cumm	P%	L%	E%	B%	M%	ESR		H.B. Mgs%	Sugar mg%	Urea mg%
										1/2 hr mm	1 hr mm			
1	8128	Vimala	46	8000	60	30	4	4	2	15	35	10.8	90	26
2	31114	Preamalatha	32	8500	40	55	3	2	-	25	55	10.2	105	19
3	63683	Naachiyar	45	7500	45	45	8	2	-	25	50	7.8	90	18
4	485	Jeyakumari	34	7500	50	40	4	4	2	30	55	12.1	83	15
5	27968	Pushpam	45	7500	58	35	6	1	-	20	40	9.2	90	18
6	897	Selvageetha	38	8000	55	34	6	3	2	25	55	8.2	100	19
7	2028	Mary	24	8000	59	27	8	3	3	25	55	10.2	84	16

SEROLOGICAL INVESTIGATIONS

Table No – 24

S No	Hospital No	Name	Age	Blood Report	
				V.D.R.L.	H.I.V.
1	8128	Vimala	45	Non Reactive	Negative
2	31114	Preamalatha	32	Non Reactive	Negative
3	63683	Naachiyar	45	Non Reactive	Negative
4	485	Jeyakumari	34	Non Reactive	Negative
5	27968	Pushpam	45	Non Reactive	Negative
6	897	Selvageetha	38	Non Reactive	Negative
7	2028	Mary	24	Non Reactive	Negative

Urine, Motion Investigations

Table No – 25

Urine				Motion		
Hospital No	Alb	Sug	Deposits	Ova	Cyst	Occulet blood
8128	Nil	Nil	Pus ceels - 2 - 10/hpf Epithelial cells - 2 - 4/hpf RBCs - Nil, Crystals - Nil	Nil	Nil	Nil
31114	Trace	Nil	Pus ceels - 2 - 10/hpf Epithelial cells - 2 - 4/hpf RBCs - Nil Crystals - Nill	Nil	Nil	Nil
63683	Trace	Nil	Pus ceels - 4 -10/hpf Epithelial cells 6-8/hpf RBCs - few seen Crystals - few seen	Nil	Nil	Nil
485	Trace	Nil	Pus ceels 12 - 15/hpf Epithelial cells -10 - 12hpf RBCs - 0 - 1/hpf Crystals - 0 -1/hpf	Nil	Nil	Nil
27968	Trace	Nil	Pus ceels - 10 - 12/ hpf Epithelial cells -2 - 6/hpf RBCs - NIL Crystals - few seen	Nil	Nil	Nil
897	Trace	Nil	Pus ceels - 1 - 5/hpf Epithelial cells - 1 - 4/hpf RBCs - 5 - 6 /hpf Crystals - few seen	Nil	Nil	Nil
2028	Nil	Nil	Pus ceels - 10 - 12/hpf Epithelial cells - 8 - 10/hpf RBCs -1-3/hpf Crystals - few seen	Nil	Nil	Nil

USG Report

Table No – 26

S.No	Hospital No	Name	U.S.G.
1	8128	Vimala	Bulky Uterus Hypertrophied cervix. Polyp seen in the cervix
2	31114	Preamalatha	Bulky uuterus Hypertrophied cervix. Polyp at the cervix 5x5 cm
3	63683	Naachiyar	Cervix appears hypertrophied polyp seen in cervix 4.2x3.6 cm
4	485	Jeyakumari	Hyperechoic polyp seen 4.6x3.5cm seen in cervix. - Hypertrophy of cervix
5	27968	Pushpam	Bulky Uterus. Myometrium thickenieng. Uterine polyp present a hyperechoic polyp 6.2x4.2 cm seen in post wall of the uterus to cervix
6	897	Selvageetha	Hypertrophied uterus 3.6x2.4 cm Endometrial polyp seen.
7	2028	Mary	Hypertrophy of uterus. Uterus 7.6x3.7x3.9cm Isoechic uterine polyp 5.8x3.9cm in the posterior myometerial , Involving the cervix

Biopsy Report

Table No – 27

S.No	Hospital No	Name	BIOPSY
1	8128	Vimala	Adenomatous Endocervical Polyp.
2	31114	Preamalatha	Adenomatous Endocervical Polyp.
3	63683	Naachiyar	Adenomatous Endocervical Polyp.
4	485	Jeyakumari	Polypoidalendocervicitis
5	27968	Pushpam	Leiomyomatous Polyp
6	897	Selvageetha	Endometrial Polyp
7	2028	Mary	Leiomyomatous Polyp

STATISTICAL ANALYSIS AND INFERENCES

The Yonisoolai cases were analysed by the utilizing of statistics like mean, medium, std. deviation and percentages. The interpretations were arrived by the use of Z test and appropriate epidemiological measures.

Observation and Results

Age

Age is one of the crucial variable it will be are etiology for physiological and biochemical measures. The age of yonisoolai subjects were analysed and the results are posted in the following table.

Age wise classification of study subjects.

Table No - 28

Age Group	No. of Cases
20 – 29	1
30 – 39	3
40 – 49	3
Total	7
Mean	37.6
Medium	38
Std. Deviation	8.1
Range	24 to 45 Years

The mean age of the study subjects is 37.6 ± 8.1 years and the same in the population may be 30 to 45.3 years at 95% of the confidence in level.

Clinical Indications of Polyp

Table No - 29

Indications	Intermenstrual bleeding		Dripping of Urine		Incontinence of Urine	
	NO	%	No	%	No	%
Cases	7	100	6	85.7	6	85.7

The main and foremost Indication of the disease is intermenstrual bleeding and it occurs cent percent of the cases. The other indications are dripping of urine and Incontinence of Urine and their occurrence in study subject statistics 85.7% in both.

Etiology

The important etiology for yonisoolai were analysed and interpreted in the below mentioned table.

Etiology

Table No - 30

S.No	Etiology	Total	Cases		Significance
			No	%	
1.	Early Pregnancy	7	4	57%	Not Significance
2.	Excessive sexualdesire	7	7	100%	Significant
3.	Hormonal imbalance	7	7	100%	Significant

The above table reveals the etiology of the diseases. Early pregnancy contributes 57% of cases and Excessive sexual desire and Hormonal imbalance contributes cent percent to the Yonisoolai. Imbalances are the statistically significant etiologies of Yonisoolai.

Mukkutra Nilaigal

The Mukkutra nilaigal of the disease are analysed and observed as follows.

Distribution of Mukkutra Nilaigal Observation

Table No – 31.a

S.No	Components	Total	Types	Cases affected	
				N	%
1	Vali	7	Uyirkkaal (Praanan)	5	71.4
		7	Keelnokkukkaal (Abaanan)Intermenstrual bleeding Incontinence, Dribbling Urine	7	100
				6	85.7
		7	Melnokkukkaal (Udhaanan)	5	71.4
		7	Nadukkaal (Samaanan)	7	100
		7	Paravukaal (Viyaanan)	7	100
		7	Vanthikaal (Naahan)	6	85.7
		7	Vizhikkaal (Koorman)	3	42.9
		7	Thummikkaal (Kirukaran)	5	71.4
		7	Kottavikkaal (Devathathan)	6	85.7

Table No – 31.b

S.No	Components	No	Types	Cases affected	
				N	%
2.	Azhal	7	Aakkanal (Anala pitham)	3	42.9
		7	Olloliththee (Prasaka pitham)	5	71.4
		7	Vannayeai (Ranjaka Pitham)	4	57.1
		7	Nokku Azhal (Aalosaka pitham)	5	42.9
		7	Aatralangi (Saathaka pitham)	7	100

Table No – 31.c

S.No	Components	No	Types	Cases affected	
				N	%
3.	Iyam	7	AliIyam (Avalambagam)	7	100
		7	Suvaikaan Iyam (Pothagam)	5	71.4
		7	Niraivu Iyam (Tharpagam)	3	42.9
		7	Ondri Iyam (Santhigam)	7	100

The types of Mukkuttra Nilaigal,

- ❖ Abaanan, Samaanan, Viyaanan, Saathaka pitham, Avalambagam, Santhigam, are observed 100% percent.
- ❖ Naagan and Devathathan are observed 85.7%
- ❖ Praanan, Melnökkukkaal, Kirukaran, Prasakapitham, Pothagam are observed 71.4%
- ❖ Ranjaka pitham is observed 57.1%
- ❖ Koorman, Analapitham, Aalosaka pitham are observed in 42.9%

Udhlthathukkal

The observed udalthathukkal of Yonisoolai are tabulated as follows.

Classification of Udalthathukkal

Table No - 32

S.No	Udal Thathukkal	No	Cases affected	
			N	%
1.	Saaram	7	7	100
2.	Senneer	7	7	100
3.	Oon	7	7	100
4.	Kozhuppu	7	7	100
5.	Enbu	7	7	100
6.	Moolai	7	7	100
7.	Suronitham	7	7	100

The tabulated udal thathukkal are observed cent percent.

Envagai Thervugal

The siddha diagnosis of rule of eight were observed and analysed as follows.

Distribution of Envagai Thervugal

Table No - 33

S.No	Thervugal	No	Types	Cases affected	
				N	%
1.	Naa	7	Veluppu	7	100
2.	Niram	7	Karuppu	6	85.7
		7	Manjal	1	14.3
3.	Mozhi	7	Samaoli	7	100
4.	Vizhi	7	Parvai mangal	3	42.9
5.	Meikuri	7	Cervicalpolyp expellout	4	57.1
		7	Uterine polypexpellout	2	28.6
6.	Malam	7	Constipation	7	100
7.	Kaikuri	7	Vali Iyam	7	100
8.	Neerkuri	7	Mothiram	7	100

❖ Naa, mozhi, malam, moothiram observed in all cases 100%

❖ Niram karuppu observed in 85.7%

Meikuri

❖ Cervical polyp expelled out 57.1%

❖ Uterine polyp expelled out 28.6%

Kaikuri

❖ Vali Iyam observed 100%

Distribution of Neerkuri and Neikuri

Table No - 34

S.No	Character	No	Changes	Cases affected	
				N	%
1.	Neerkuri	7	Niram- yellow	5	71.4
		7	Edai	7	100
		7	Manam	7	100
		7	Nurai	7	100
		7	Engal	7	100
2	Neikuri	7	Aravil muthu	7	100

In Neerkuri

❖ Edai, Manam, Nurai, Enjal are observed 100%

❖ Niram observed 71.4%

In Neikuri

❖ Aravil muthu observed 100%

Blood Investigations of Study Subjects

Table No - 35

S.No	Blood Investigations	No	study subjects		Population mean at C.I 95% (Estimation)
			Mean	S.D	
1.	Tc cells/ cumm	7	7857	378	7500 to 8214
2.	Dc P%	7	52.4	7.7	45.1 to 59.7
3.	Dc L%	7	38.0	9.6	28.9 to 47.1
4.	E.S.R. 1hour mm	7	49.3	8.4	41.4 to 57.2
5.	H.B. Mg%	7	9.8	1.5	8.4 to 11.2
6.	Sugar mg/dl	7	91.7	8.1	85.1 to 98.2
7.	Urea mg/dl	7	18.7	3.5	16.1 to 21.3

DISCUSSION

In Yugimuni Vaidya Kaaviyam Yonisoolai is described. The name Yonisoolai itself implies, it is a Vali disease principally affecting the female genital organ uterus and cervix.

To discuss the factors which help to analyse and confirm the pathological basis of the disease are the siddha and modern parameters.

The observed results and other entities that have been studied are discussed under the following headings.

INTERPRETATION OF CLINICAL HISTORY

1. Age Distribution

The incidence of Yonisool is common in age between 25 - 45 years.

2. Incidence with reference to family history

There is no specific relation with family history.

3. Incidence with reference to Past History

Previously taken hormonal medicine is closely related with the disease.

4. Incidence with reference to menstrual and obstructive history

Irregular menstrual bleeding is closely related with the disease.

5. Incidence with reference to Personal Habits

Increased intake of hot foods is closely related with the disease.
Excessive sexual desire is closely related with the disease.

Modification of sexual life is closely related with the disease.

Anxiety, stress are closely related with the disease.

6. Incidence with reference to Residual area

There is no direct relationship with seasonal variation. Almost all the seasons show varying number of cases.

7. Incidence with reference to Paruvakaalangal

There is no direct relationship with seasonal variation. Almost all the seasons show varying number of cases.

8. Incidence with reference to socio-economic condition

There is no direct relationship with socio economic group.

9. Siddha Parameters

- a. Mukkutram - Vali Azhal and Iyam
- b. Udalthathukkal
- c. Envagai Thervugal

Are described below

DERANGEMENTS OF UYIR THATHUKKAL

I.Derangement in Vali – Increased in Yonisoolai

Table No - 36

S No	Typs	Changes	Character
1	Uyirkkaal (Praanan)	Affected	Tiredness Dyspnea
2	Keelnokkukkaal (Abaanan)	Affected	Irregular Menstrual bleeding, Dribbling of urine, Incontinence of urine
3	Nadukkaal (Samaanan)	Affected	Reduce supply of nutrition to the body
4	Melnokkukkaal (Udhaanan)	Affected	Cough
5	Parvukkaal (Viyaanan)	Affected	Generalized body pain head ache
6	Vanthikkaal (Koorman)	Affected	Impaired memory lack of comprehension thinking
7	Vizhlikkaal (Naahan)	Affected	Parvai mangal
8	Thummikkaal (Kirukaran)	Affected	Cough, Sneeze
9	Kottavikkaal (Devathathan)	Affected	Yawning, fatigue, angry
10	Veengukkaal (Dhananjeyan)	-	-

II Derangement in Iyam – Increased in Yonisoolai

Table No - 37

S No	Typs	Changes	Character
1	Ali iyam (Avalmbagam)	Affected	Dyspnea
2	Nleerppi Iyam (Kilethagam)	Affected	Mantham
3	Suvaikaan Iyam (Pothagam)	Affected	Increased Sour Taste
4	Niraivu Iyam (Tharpagam)	Affected	Catract
5	Ondri Iyam (Santhigam)	Affected	Pain in Hip joints

III Derangement in Azhal – decreased in Yonisoolai

Table No - 38

S No	Typs	Changes	Character
1	Aakkanal (Anala pitham)	Affected	Loss of appatite
2	Ollolithe (Prasaka pitham)	Affected	Dullness of Skin
3	Vannayeri (Ranjaka pitham)	Affected	Paleness of tongue
4	Nokku azhal (Aalosaka pitham)	Affected	Paarvai mangal
5	Aatralangi (Saathaka pitham)	Affected	Inability to normal works

IV Derangement in Udal Thathukkal – Increased in Yonisoelai

Table No - 39

S No	Typs	Changes	Character
1	Saaram	Affected	Heaviness of the body
2	Senneer	Affected	Tumors present in different parts of body, Soolai
3	Oon	Affected	Extra Growth in Genitalia
4	Kozhuppu	Affected	Increasing Features of Oon (polyp) Tiredness present
5	Enbu	Affected	Excess dentition Bones, Calcification
6	Moolai	Affected	Sense Of Over Heaviness Of the Body
7	Suronitham	Affected	Increased sexual desire, Anovulatory menstrual cycle.

INTERPRETATION OF ENVAGAI THERVUGAL

Among the Envagai Thervugal

Naadi, Meikuri, Naa, Niram, Mozhi, Vizhi, Malam, Moothiram were affected and reflects characteristic picture of Yonisoolai.

1. Naadi

The Naadi is Kathithal.

The Kai Naadi is Vali Iyam.

2. Meikuri

Merikuri shows External polyp on palpation, bodypain, and headache.

3. Naa

Naa shows veluppu.

4. Niram

Niram shows blackening of the body.

5. Mozhi

Mozhi shows samaoli.

6. Vizhi

Vizhi shows parvaimangal, cataract- (Pithakan kaasam)

7. Malam

Malam shows constipation 2 days once (1/2days)

Niram	-	Karuppu
Sikkal	-	Present
Sirutthal	-	Absent
Kazhichal	-	Absent
Seetham	-	Absent
Vemmai	-	Absent

8. Moothram

Moothram shows reduced quantity. (Dripping of Urine)

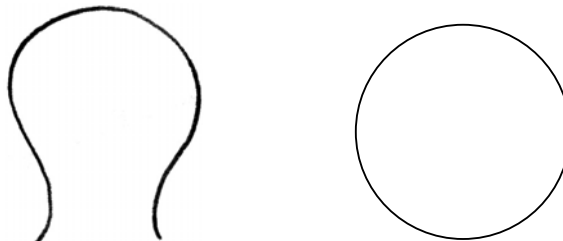
a. Neerkuri shows,

Niram	-	Elam Mangal
Manam	-	Aromatic small
Edai	-	Weight increased due to deposits
Nurai	-	Increased due to increased Iyam
Enjal	-	Deposits (Alavu reduced).

b. Neikuri

Neikuri shows

Oil spreads like snake then turns to pearl [Aravil Muthu].



INTERPRETATION OF ALLIED PARAMETERS

Modern Parameters

Blood shows Raise Erythrocyte sedimentation rate

Urine shows Raise Pus cells, epithelial cells

Ultrasonogram taken in al the cases showed

Bulky uterus, Hypertrophied cervix,

Polyp that are seen in the cervix various.

In size, in different individuals and are as follows.

❖ 5 x 5 cm

❖ 4.2 x 3.6 cm

❖ 4.6 x 3.5 cm

In few, the polyps that are seen in the uterus are of the size.

❖ 6.2 x 4.2 cm

❖ 3.6 x 2.4 cm

❖ 5.8 x 3.9 cm

Which are seen posterior wall of myometrium Involving cervix.

Distribution of Polyp

Among 7 cases,

4 Cases Cervical polyp

3 cases Uterine polyp

In few cases, to differentiate the polyp from malignant growth,

Biopsy was done.

Biopsy done on endometrial polyp showed,

Polypoidal lesion composed of closely packed. Tubular glands lined by stratified cubocolumnar cells with areas of edema and congestion of the stroma .

Biopsy done on Endocervical polyp showed,

Polypoidal lesion lined by endocervical cells with focal erosion of the lining and many hyper plastics end cervical glands with areas of edema and congestion.

Biopsy done on polypoidal endocervicitis is showed,

Endo cervix with papillary lesion lined by eroded endocervical cells with chronic inflammatory cell infiltration in the core of the papillae.

Biopsy done on Myomatous polyp showed,

Tumors composed of inter lacing fascicles of smooth muscle cells with isomorphil blunt ended nuclei with scant stroma.

HIGHLIGHTS OF DISSERTATION TOPIC

The main cause for Yonisoolai is increased Vali, Whose dwelling place is from Abanan to navel.

“செப்பு முந்தி சிதையும் வாதநிலை”

- வைத்திய சாரசங்கிரகம்.

In this humour, Vali gets affected for a long time and produce Soolainoi.

Dearangement of this Vali, will reflect on other two humours, thus resulting, Increase in Vali and Iyam and decrease in Azhal.

This increased Vali and Iyam in turn reflect on Udal thaathukkal, there by leading to the manifestation of clinical symptoms.

Pain in Yonisoolai is due to the protrusion of polyp from the uterine cavity into cervix and also arise from the cervix, into vaginal orifice. Further Uterine contractility, vascularity also acute pain develops with the torsion of the pedunculated myomatous polyp.

Hence the symptoms various with the size, number and location of polyp.

Urinary symptoms are due to polyp situated in certain positions, congestioon and enlargement of tumour.

The diagnosis was further confirmed by investigations done with respect to modern parameters this further adds that Yonisoolai has been attributed as a relevant disease for **“Female genital Polyp”**

CONCLUSION

Identifying the cause of the disease their relevance of the treatment with out knowing the cause trying to deal with the disease will be like grouping in the dark. Everything is interrelated on the basis of cause and effect. There fore diagnosis of the disease is an important of the treatment as pathology sheds light on the nature of the disease.

The lines that were said in Yugimuni Vaidya Kaaviyam, under Yonisoolai explains the clinical condition as polyp in uterus and cervix.

The disease can be precisely diagnosed with the help of Mukkuttra theory, Udal Thathukkal, and Envagai Thervugal.

Yonisoolai is further confirmed by USG pelvis and Biopsy that reveals that of female genital polyps.

Early Diagnosis of Yonisoolai is very important in the treatment aspect where the Siddha and Modern para meters play a greater role in treatment purpose.

P.G. - NOI NAADAL DEPARTMENT
GOVT. SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.

A Study to Diagnose Yonisoolai through Siddha

Diagnostic Methodology

SELECTION PROFORMA

1.O.P.No _____ 2. I.P. NO _____ 3. Bed No: _____ 4. S. No: _____ 5.Date: _____

6. Name: _____ 7. Age (Years):

--	--

 8. Sex:

M	F
---	---

9. Occupation: _____ 10. Income _____ \month

11. Address:

.....
.....

12. Complaints and duration:

.....
.....

13. History of present illness:

.....
.....

14. Past history:

.....
.....

15. Family History:

.....
.....

16. Menstrual and Obstetric History:

.....
.....

17.Habits		1.Yes	2.No	
1.Betelnut chewer	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.Tea	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.Coffee	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Milk	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.Food habits	:	V <input type="checkbox"/> NV	M <input type="checkbox"/>	_____

18.GENERAL ETIOLOGY FOR YONISOOLAI

	1.Yes	2.No
1. Increased in take of hot foods	<input type="checkbox"/>	<input type="checkbox"/>
2. Early pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
3. Lying in improper bed	<input type="checkbox"/>	<input type="checkbox"/>
4. Unusual sexual posture	<input type="checkbox"/>	<input type="checkbox"/>
5. Excessive sexual desire	<input type="checkbox"/>	<input type="checkbox"/>
6. Multiple sexual partners	<input type="checkbox"/>	<input type="checkbox"/>
6. Hormonal imbalance	<input type="checkbox"/>	<input type="checkbox"/>
8. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
9. Stress	<input type="checkbox"/>	<input type="checkbox"/>
10. Depression	<input type="checkbox"/>	<input type="checkbox"/>

19.GENERAL EXAMINATION

1.Weight(kg)	:	<input type="text"/> <input type="text"/> <input type="text"/>
2.Temperature(°F)	:	<input type="text"/> <input type="text"/> <input type="text"/>
3.Pulse rate/minute	:	<input type="text"/> <input type="text"/> <input type="text"/>
4.Heart rate/minute	:	<input type="text"/> <input type="text"/> <input type="text"/>
5.Respiratory rate/minute	:	<input type="text"/> <input type="text"/> <input type="text"/>
6.Blood pressure(mmHg)	:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

		1.Yes	2.No	
7.Pallor	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.Jaundice	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.Cyanosis	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.Lymphadenopathy	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.Pedal edema	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.Clubbing	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.Jugular venous pulsation	:	<input type="checkbox"/>	<input type="checkbox"/>	_____

20.VITAL ORGANS EXAMINATION

	1.Normal	2.Affected	
1.Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIDDHA SYSTEM OF EXAMINATION
ENNVAGAI THERVUKAL

21. NAA

a . Maa Padinthiruthal

1. Present

☐

2. Absent

☐

b. Niram

1. Karuppu

☐

2. Manjal

☐

3. Velluppu

☐

c. Suvai

1. Pulippu

☐

2. Kaippu

☐

3. Inippu

☐

d. Vedippu

1. Present

☐

2. Absent

☐

e. Vai neer ooral

1. Normal

☐

2. Increased

☐

3. Reduced

☐

22. NIRAM

1. Karuppu

☐

2. Manjal

☐

3. Velluppu

☐

23. MOZHI

1. Sama oli

☐

2. Urattha oli

☐

3. Thazhlntha oli

☐

24. VIZHI

a.Niram

1. Karuppu

☐

2. Manjal

☐

3. Sivappu

☐

4. Velluppu

☐

b.Kanneer

1. Present

☐

2. Absent

☐

c.Erichchal

1. Present

☐

2. Absent

☐

d.Peelai seruthal

1. Present

☐

2. Absent

☐

25. MEI KURI

a. Veppam

1. Mitham ☐

2. Migu ☐

3. Thatpam ☐

b. Viyarvai

1. Normal ☐

2. Increased ☐

3. Reduced ☐

c. Thodu vali

1. Present ☐

2. Absent ☐

26. MALAM

a. Niram

1. Karuppu ☐

2. Manjal ☐

3. Sivappu ☐

4. Velluppu ☐

b. Sikkal

1. Present ☐

2. Absent ☐

c. Sirutthal

1. Present ☐

2. Absent ☐

d. Kalichchal

1. Present ☐

2. Absent ☐

e. Seetham

1. Present ☐

2. Absent ☐

f. Vemmai

1. Present ☐

2. Absent ☐

27. MOOTHIRAM

I. NEER KURI

a. Niram

1. Venmai ☐

2. Manjal ☐

3. Crystal clear ☐

b. Manam

1. Present ☐

2. Absent ☐

c. Nurai

1. Nil ☐

2. Increased ☐

3. Reduced ☐

d. Edai(Ganam)

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

e. Enjal(Alavu)

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

II.NEI KURI

1. Aravam	<input type="checkbox"/>	2. Mothiram	<input type="checkbox"/>
3. Muthu	<input type="checkbox"/>	4. Aravil Mothiram	<input type="checkbox"/>
5. Aravil Muthu	<input type="checkbox"/>	6. Mothirathil Aravam	<input type="checkbox"/>
7. Mothirathil Muthu	<input type="checkbox"/>	8. Muthil Aravam	<input type="checkbox"/>
9. Muthil Mothiram	<input type="checkbox"/>	10. Asathiyam	<input type="checkbox"/>
11. Mellena paraval	<input type="checkbox"/>		

28. NAADI (KAI KURI)

I.Naadi Nithanam

a.Kaalam

1. Kaarkaalam	<input type="checkbox"/>	2. Koothirkaalam	<input type="checkbox"/>
3. Munpanikaalam	<input type="checkbox"/>	4. Pinpanikaalam	<input type="checkbox"/>
5. Ilavenirkaalam	<input type="checkbox"/>	6. Muthuvenirkaalam	<input type="checkbox"/>

b.Desam

1. Kulir ☐ 2. Veppam ☐

c.Vayathu

1. 1-33yrs ☐ 2. 34-66yrs ☐ 3. 67-100yrs ☐

d.Udal Vanmai

1. Iyyalbu ☐ 2. Valivu ☐ 3. Melivu ☐

e.Vanmai

1. Vanmai ☐ 2. Menmai ☐

f.Panbu

- | | | | | | |
|----------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| 1. Thannadai | <input type="checkbox"/> | 2. Puranadai | <input type="checkbox"/> | 3. Illaitthal | <input type="checkbox"/> |
| 4. Kathithal | <input type="checkbox"/> | 5. Kuthithal | <input type="checkbox"/> | 6. Thullal | <input type="checkbox"/> |
| 7. Azhutthal | <input type="checkbox"/> | 8. Padutthal | <input type="checkbox"/> | 9. Kalatthal | <input type="checkbox"/> |
| 10. Munnookku | <input type="checkbox"/> | 11. Pinnokku | <input type="checkbox"/> | 12. Suzhalal | <input type="checkbox"/> |
| 13. Pakkanokku | <input type="checkbox"/> | | | | |

II. Naadi nadai

- | | | | | | |
|---------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| 1 Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyam | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Vali Iyam | <input type="checkbox"/> | 6. Azhal Vali | <input type="checkbox"/> |
| 7 Azhal. Iyam | <input type="checkbox"/> | 8. Iyavali | <input type="checkbox"/> | 9. Iya Azhal | <input type="checkbox"/> |

29. MANIKADAI NOOL (Viral Kadai Alavu)

30. IYMPORIGAL / IYMPULANGAL

- | | 1. Normal | 2. Affected | |
|-----------|--------------------------|--------------------------|-------|
| 1. Mei | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Vaai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Kan | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Mookku | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Sevi | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

31. KANMENTHIRIYANGAL / KANMAVIDAYANGAL

- | | 1. Normal | 2. Affected | |
|-------------|--------------------------|--------------------------|-------|
| 1. Kai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Kaal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Vaai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Eruvaai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Karuvaai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

32. YAAKAI

- | | | | | | |
|---------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| 1 Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyam | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Vali Iyam | <input type="checkbox"/> | 6. Azhal Vali | <input type="checkbox"/> |
| 7 Azhal. Iyam | <input type="checkbox"/> | 8. Iyavali | <input type="checkbox"/> | 9. Iya Azhal | <input type="checkbox"/> |

33. GUNAM

- | | | | |
|------------------|--------------------------|---------------|--------------------------|
| 1. Sathuva Gunam | <input type="checkbox"/> | 2. Raso Gunam | <input type="checkbox"/> |
| 2. Thamo Gunam | <input type="checkbox"/> | | |

34. UYIR THATHUKKAL

I. Vali

- | | 1. Normal | 2. Affected |
|-------------------------------|--------------------------|--------------------------------|
| 1. Uyirkkaal (Praanan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 2. Keelnokkukkaal (Abaanan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 3. Nadukkaal (Samaanan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 4. Melnokkukkaal (Udhaanan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 5. Paravukaal (Viyaanan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 6. Vanthikaal (Naahan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 7. Vizhikkaal (Koorman) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 8. Thummikkaal (Kirukaran) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 9. Kottavikkaal (Devathathan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 10. Veengukkaal (Dhananjeyan) | <input type="checkbox"/> | <input type="checkbox"/> _____ |

II. Azhal

- | | 1. Normal | 2. Affected |
|----------------------------------|--------------------------|--------------------------------|
| 1. Aakkanal (Anala pitham) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 2. Olloliththee (Prasaka pitham) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 3. Vannayeri (Ranjaka pitham) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 4. Nokku Azhal (Aalosaka pitham) | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 5. Aatralangi (Saathaka pitham) | <input type="checkbox"/> | <input type="checkbox"/> _____ |

III. Iyam

	1. Normal	2. Affected
1. Ali Iyam (Avalambagam)	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Neerppi Iyam (Kilethagam)	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Suvaikaan Iyam (Pothagam)	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Niraivu Iyam (Tharpagam)	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Ondri Iyam (Santhigam)	<input type="checkbox"/>	<input type="checkbox"/> _____

35. UDAL THATHUKKAL

	1. Normal	2. Affected
1. Saaram	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Senneer	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Oon	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Kozhuppu	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Enbu	<input type="checkbox"/>	<input type="checkbox"/> _____
6. Moolai	<input type="checkbox"/>	<input type="checkbox"/> _____
7. Suronitham	<input type="checkbox"/>	<input type="checkbox"/> _____

36. MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam

	1. Present	2. Absent
1. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
2. Blackish colouration of body	<input type="checkbox"/>	<input type="checkbox"/>
3. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
4. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
6. Insomnia Constipation	<input type="checkbox"/>	<input type="checkbox"/>
7. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
8. Weakness of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
9. Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
10. Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>

II. Azhal Migu Gunam

	1. Present	2. Absent
1. Yellowish discolouration of the skin	<input type="checkbox"/>	<input type="checkbox"/>
2. Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
3. Yellowish discolouration of urine	<input type="checkbox"/>	<input type="checkbox"/>
4. Yellowish discolouration of faeces	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
6. Burning sensation in the body	<input type="checkbox"/>	<input type="checkbox"/>
7. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>

III. Iyam Migu Gunam

	1. Present	2. Absent
1. Excessive salivation	<input type="checkbox"/>	<input type="checkbox"/>
2. Eraippu (dyspnoea)	<input type="checkbox"/>	<input type="checkbox"/>
3. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
4. Whiteness of the body	<input type="checkbox"/>	<input type="checkbox"/>
5. Chillness of the body	<input type="checkbox"/>	<input type="checkbox"/>
6. Reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>
7. Cough	<input type="checkbox"/>	<input type="checkbox"/>
8. Increased sleep	<input type="checkbox"/>	<input type="checkbox"/>
9. Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>

37.NOI UTRA KAALAM

1. Kaarkaalam	<input type="checkbox"/>	2. Koothirkaalam	<input type="checkbox"/>
3. Munpanikaalam	<input type="checkbox"/>	4. Pinpanikaalam	<input type="checkbox"/>
5. Ilavenirkaalam	<input type="checkbox"/>	6. Muthuvenirkaalam	<input type="checkbox"/>

38.NOI UTRA NILAM

1. Kurinji	<input type="checkbox"/>	2. Mullai	<input type="checkbox"/>	3. Marutham	<input type="checkbox"/>
4. Neithal	<input type="checkbox"/>	5. Paalai	<input type="checkbox"/>		

39. Date of Birth

40. Time of Birth Am Pm

41. Place of Birth

42. **NATCHATHIRAM**

1.Aswini	<input type="checkbox"/>	2.Barani	<input type="checkbox"/>	3.Karthikai	<input type="checkbox"/>
4.Rohini	<input type="checkbox"/>	5.Mirugaseeridam	<input type="checkbox"/>	6.Thiruvathirai	<input type="checkbox"/>
7.Punarpoosam	<input type="checkbox"/>	8.Poosam	<input type="checkbox"/>	9.Aayilyam	<input type="checkbox"/>
10.Makam	<input type="checkbox"/>	11.Pooram	<input type="checkbox"/>	12.Utthiram	<input type="checkbox"/>
13.Astham	<input type="checkbox"/>	14.Chithirai	<input type="checkbox"/>	15.Swathi	<input type="checkbox"/>
16.Visakam	<input type="checkbox"/>	17.Anusam	<input type="checkbox"/>	18.Kettai	<input type="checkbox"/>
19.Moolam	<input type="checkbox"/>	20.Pooradam	<input type="checkbox"/>	21.Utthiradam	<input type="checkbox"/>
22.Thiruvonam	<input type="checkbox"/>	23.Avittam	<input type="checkbox"/>	24.Sadayam	<input type="checkbox"/>
25.Poorattathi	<input type="checkbox"/>	26.Utthirattathi	<input type="checkbox"/>	27.Revathi	<input type="checkbox"/>
00.Not known	<input type="checkbox"/>				

43. **RAASI**

1.Mesam	<input type="checkbox"/>	2.Rishabam	<input type="checkbox"/>	3.Midhunam	<input type="checkbox"/>
4.Kadakam	<input type="checkbox"/>	5.Simmam	<input type="checkbox"/>	6.Kanni	<input type="checkbox"/>
7.Thulam	<input type="checkbox"/>	8.Viruchiham	<input type="checkbox"/>	9.Dhanusu	<input type="checkbox"/>
10.Maharam	<input type="checkbox"/>	11.Kumbam	<input type="checkbox"/>	12.Meenam	<input type="checkbox"/>
00.Not known	<input type="checkbox"/>				

44. **EXAMINATION**

1.Speculam Examination:

.....

.....

44. INVESTIGATION

I. BLOOD

1.TC (Cells/cumm)	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
2.DC (%)	:	1.P <input type="text"/> <input type="text"/> 2.L <input type="text"/> <input type="text"/> 3.E <input type="text"/> <input type="text"/> 4.B <input type="text"/> <input type="text"/> 5.M <input type="text"/>								
3.Hb (gms%)	:	<input type="text"/> <input type="text"/> <input type="text"/>								
4.E.S.R. (mm/hr)	:	1.1/2hr <input type="text"/> <input type="text"/> 2.1hr <input type="text"/> <input type="text"/>								
5.Blood Sugar (R) (mgs%)	:	<input type="text"/> <input type="text"/> <input type="text"/>								
6.Blood Urea (mgs%)	:	<input type="text"/> <input type="text"/>								
7.V.D.R.L. Test	:	<table border="0"> <tr> <td>Reactive</td> <td>Non reactive</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Positive</td> <td>Negative</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Reactive	Non reactive	<input type="text"/>	<input type="text"/>	Positive	Negative	<input type="text"/>	<input type="text"/>
Reactive	Non reactive									
<input type="text"/>	<input type="text"/>									
Positive	Negative									
<input type="text"/>	<input type="text"/>									
8.E.L.I.S.A.Test for H.I.V.:	:	<input type="text"/> <input type="text"/>								

II. URINE

1.Albumin	:	0.Nil <input type="text"/> 1.Trace <input type="text"/> 2.+ <input type="text"/> 3.++ <input type="text"/> 4.+++ <input type="text"/>
2.Sugar	:	0.Nil <input type="text"/> 1.Trace <input type="text"/> 2.+ <input type="text"/> 3.++ <input type="text"/> 4.+++ <input type="text"/>
3.Deposits	:	1. Yes <input type="text"/> 2. No <input type="text"/>
4.Pus cells	:	<input type="text"/> <input type="text"/> _____
5.Epithelial cells	:	<input type="text"/> <input type="text"/> _____
6.RBCs	:	<input type="text"/> <input type="text"/> _____
7.Crystals	:	<input type="text"/> <input type="text"/> _____

III. MOTION TEST

1. Yes

2. No

1.Ova

☐☐

2.Cyst

☐☐

3.Occult blood

☐☐

45. ULTRA SONOGRAPHY

.....

46. BIOPSY:

.....

47. CLINICAL SYMPTOMS OF YONISOOLAI

1.Present

2.Absent

1. Polyp present in cervix

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2. Polyp present in uterus

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3. Bleeding per vagina

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4. Incontinence of urine

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5. Dribbling of urine

☐☐

6. Headache

☐☐

7. Body pain

☐☐

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